

September 22, 2014

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South Carolina Department of Health and Environmental Control  
Glenn Trofatter  
Bureau of Water, Director  
Water Pollution Control  
2600 Bull Street  
Columbia, SC 29201

**RE: Submittal of Third Quarterly Progress Report  
May 27, 2014 through August 26, 2014**

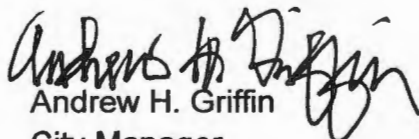
Lady and Gentlemen:

In accordance with the provisions of the Consent Decree (CD), Section IX (Reporting Requirements), Paragraph 63, Pages 35 – 37, herewith we are transmitting the Third Quarterly Progress Report which covers the time period from May 27, 2014 through August 26, 2014.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering such information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

If you have any questions concerning this submittal, please contact me.

Sincerely,

  
Andrew H. Griffin  
City Manager

Enclosures

Copy: Michael Hemingway, Utilities Director  
Forrest Whittington, P.E., City Engineer  
File

# **Quarterly Progress Report**

## **Volume 1**

### **Third Quarter Report**

**May 27, 2014 through August 26, 2014**

**Submitted to US EPA on September 22, 2014**

#### **Table of Content**

##### **Section 1**

Consent Decree requirements completed by the end of the Third Quarter

##### **Section 2**

Deliverables Submitted

##### **Section 3**

DMRs – May, June, July, 2014

##### **Section 4**

Collection System Activities

##### **Section 5**

Distribution System Activities

##### **Section 6**

Wastewater Treatment Plant Activities

##### **Section 7**

Water Production Activities

##### **Section 8**

Utility Finance Activities

##### **Section 9**

Financing Activities

##### **Section 10**

Work Plan for Upcoming Quarter

##### **Section 11**

Design/Construction Projects

## **Section 1**

Consent Decree language, page 35, Paragraph 63, sub-paragraph a: *"a description of all projects conducted during the most recently completed Calendar Quarter to comply with the requirements of this Consent Decree."*

The City of Florence (City) has developed and initiated a plan to meet the requirements of the CD with the following action items:

- Short-Term Management of the Holding Pond, page 24, item 54 has been met



## **Section 2**

Deliverables submitted during the Third Quarter include the following:

- Sanitary Sewer Overflow Response Plan (SORP) - US EPA comments were received May 1, 2014 and the revised SORP was resubmitted on May 30, 2014. At this time no further comments have been received from US EPA.
- Comprehensive Performance Evaluation of the Town of Timmonsville's Wastewater Treatment Plant (WWTP) was submitted electronically on February 20, 2014, (First Quarter) by CDM Smith on behalf of the City with hard copies to follow. A response from US EPA has not yet been received.
- Revised Corrective Action Plan for the Water System was submitted to US EPA and SC DHEC June 4, 2014.

**URS**

Engineering  
Services

COLUMBIA, SC



**CORRECTIVE ACTION PLAN**  
**FOR THE**  
**TOWN OF TIMMONSVILLE PUBLIC WATER SYSTEM**



**URS PROJECT NO.: 46423179**

**MAY 2014**

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**CORRECTIVE ACTION PLAN**  
**FOR THE**  
**TOWN OF TIMMONSVILLE PUBLIC WATER SYSTEM**

---

*Prepared for:*



**City of Florence, South Carolina**  
**324 West Evans Street**  
**Florence, South Carolina 29501**

*Prepared by:*

**URS**

**URS**  
**101 Research Drive**  
**Columbia, South Carolina 29203**

**Project Number 46423179**  
**May 2014**

## TABLE OF CONTENTS

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SECTION 1:	INTRODUCTION .....	1-1
SECTION 2:	SYSTEM DEFICIENCIES .....	2-1
2.1	Water Supply .....	2-1
2.2	Water Treatment .....	2-1
2.3	Water Distribution and Storage .....	2-3
2.4	Operation and Maintenance .....	2-4
SECTION 3:	CORRECTIVE ACTION PLAN .....	3-1
3.1	Water Supply .....	3-1
3.2	Water Treatment .....	3-3
3.3	Distribution Improvements .....	3-4
3.4	Operation and Maintenance .....	3-5
SECTION 4:	IMPLEMENTATION .....	4-1
4.1	Schedule .....	4-1
APPENDIX A – SCDHEC Sanitary Survey, Consent Orders and Correspondence		
APPENDIX B – Detailed Schedule of Improvements		

## ***LIST OF TABLES***

---

Table 4-1: Project Construction Schedule.....	4-1
---	-----

## ***LIST OF FIGURES***

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Figure 1-1: Location Map .....	1-2
Figure 2-1: Existing Systems Map .....	2-2
Figure 3-1: Proposed Improvements Map.....	3-2

## Acronyms

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BPS	Booster Pump Station
CAP	Corrective Action Plan
EPA	Environmental Protection Agency
gpm	Gallons per minute
Hwy	Highway
MGD	Million gallons per day
mg/L	Milligrams per liter
O&M	Operations and Maintenance
PWS	Public Water System
SCDHEC	South Carolina Department of Health and Environmental Control
SCDOT	South Carolina Department of Transportation
TCR	Total Coliform Rule
USDA	United States Department of Agriculture
WTP	Water Treatment Plant

## Certification

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"I certify under penalty of law that this document and all attachments were prepared under by direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."



## **SECTION 1: INTRODUCTION**

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The City of Florence owns and operates public water system (PWS) No. 2110005 which was formerly owned and operated by the Town of Timmonsville (Town). The Timmonsville PWS is located within the limits of the Town and is illustrated in Figure 1-1.

The City of Florence assumed ownership of PWS No. 211005 on January 9, 2014 as the result of the Consent Decree filed November 26, 2013. The Consent Decree was required due to the Town's failure to adequately address violations identified by the South Carolina Department of Health and Environmental Control (SCDHEC) in two separate consent orders regarding the operation and maintenance of the Town's PWS.

On August 2, 2007, the Town entered into Consent Order No. 1 (07-118-DW, Appendix A) with the SCDHEC which cited failure to properly operate and maintain the PWS. The Town entered into Consent Order No. 2 (11-011-DW, Appendix A) with SCDHEC on March 10, 2011 which also cited a failure to properly operate and maintain the PWS. On October 9, 2012, SCDHEC sent a letter to address the findings of an inspection of the Town's PWS. The letter included fifteen items that needed to be addressed.

Due to the failure to address the violations identified in the Consent Orders, the Town entered into a Consent Decree with SCDHEC on November 26, 2013 which transferred ownership and operation of the Town's PWS to the City of Florence. The Consent Decree required the City of Florence to develop a Corrective Action Plan (CAP) within sixty (60) days of the execution date of the Consent Decree. However, the United States Environmental Protection Agency (EPA) granted a thirty (30) day extension (February 24, 2014) to complete the CAP. The CAP contained herein describes standard operation and maintenance procedures, which should be implemented along with improvements to the water distribution system and upgrades to the water treatment plant (WTP).

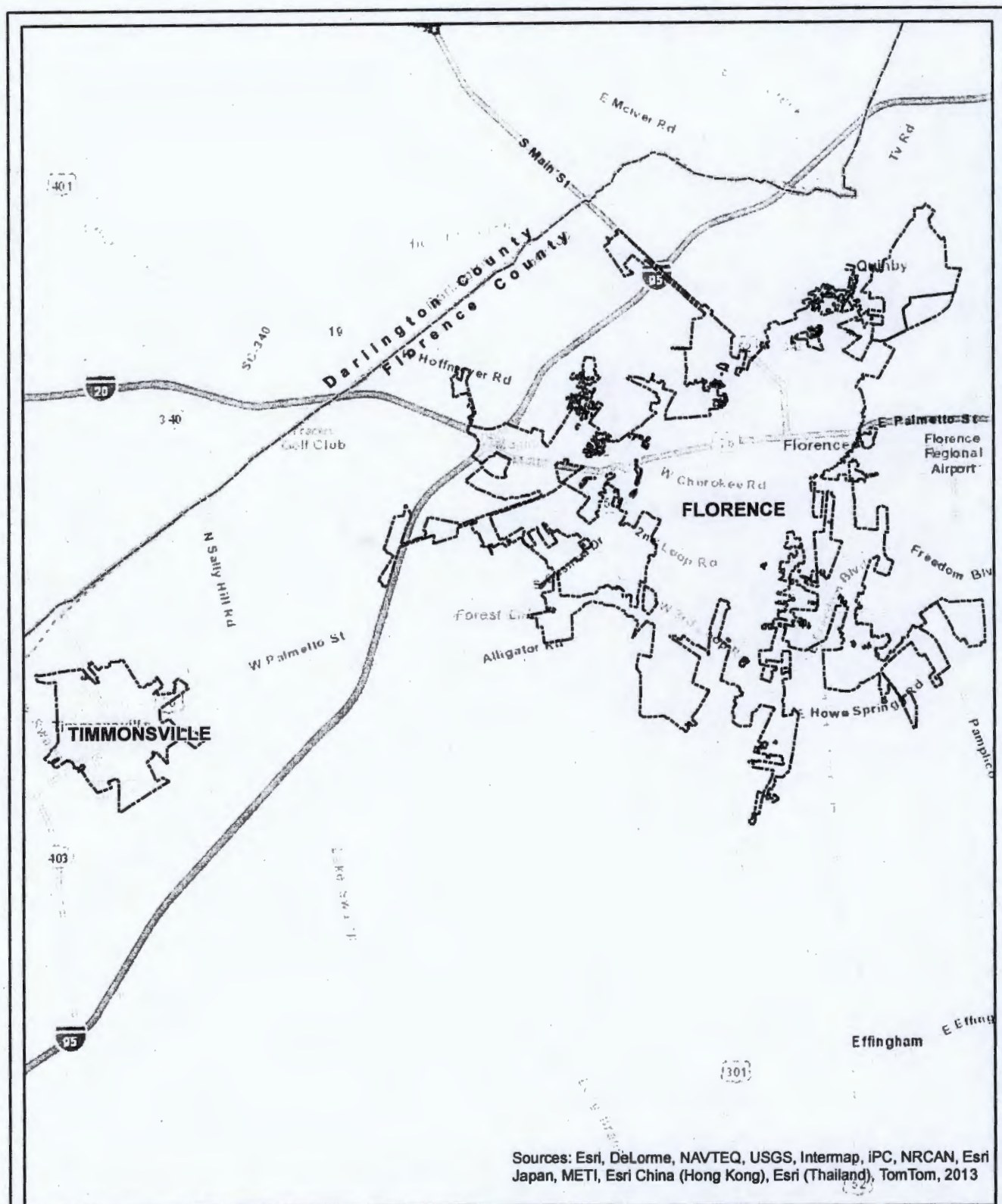
The following includes general information on the owner and engineer for this project:

**Owner:**

The City of Florence, SC  
324 West Evans Street  
Florence, South Carolina 29501  
(843) 665-3236  
Michael Hemingway, Utilities Director

**Engineer:**

URS  
101 Research Drive  
Columbia, South Carolina 29203  
(803) 254-4400  
Porter Rivers, P E



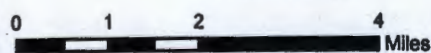
Sources: Esri, DeLorme, NAVTEQ, USGS, Intermap, iPC, NRCAN, Esri Japan, METI, Esri China (Hong Kong), Esri (Thailand), TomTom, 2013

File: G46422826\_Timmonsville  
Map: LocationMap\_46423179.mxd  
Date: 2/10/2014  
Author: JBB



South Carolina State Plane, NAD 83  
Zone 3900, International Feet

1 inch = 2 miles



**Figure 1-1**  
**City & Town Location Map**



## **SECTION 2: SYSTEM DEFICIENCIES**

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The previous Consent Orders (referenced in Section 1) identified multiple violations documented during sanitary surveys of the Timmons ville PWS. The violations can be categorized into four types of deficiencies;

- **Water Supply** – The primary water source for the Town of Timmons ville's system is groundwater supplied from wells.
- **Water Treatment** – Raw water from wells is treated at two treatment facilities in Timmons ville; the 403 WTP and the Main Street WTP
- **Water Distribution and Storage** – Treated water from the treatment plants is supplied to customers throughout the Town's distribution network which contains three elevated storage tanks.
- **Operations and maintenance** – The standard procedures and practices used to operate and maintain the water system in a proper and functional manner.

Copies of SCDHEC sanitary surveys, consent orders, and pertinent correspondence are located in Appendix A.

### **2.1 Water Supply**

The Timmons ville PWS contains two (2) permanent wells (Wells No. 1 and No. 4), one emergency well (Well No. 2), and one stand-by well (Well No. 3) that provide raw water for the system. Since 2006, one violation was documented in the sanitary surveys by SCDHEC regarding the condition of the wells. The violation referred to water quantity being rated as "unsatisfactory" due to only one well (Well No. 4) being in service.

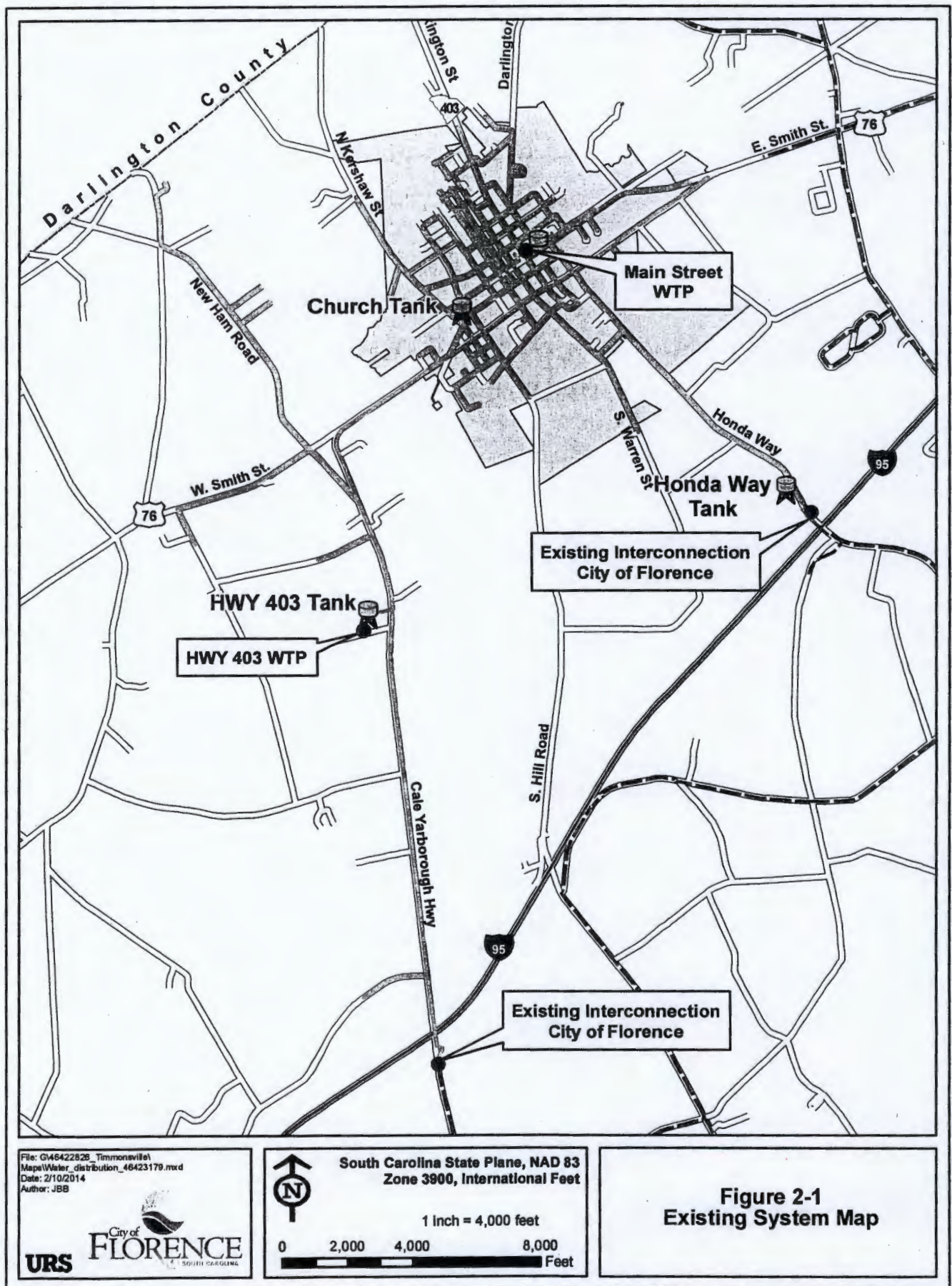
### **2.2 Water Treatment**

The Timmons ville PWS has two WTP which treat groundwater supplied by the wells. The Highway 403 WTP has a capacity of 0.864 million gallons per day (MGD) and the Main Street WTP has a capacity of 0.720 MGD. Figure 2-1 illustrates the existing Timmons ville PWS.

Both plants utilize aeration, dual media pressure filter vessels, pH adjustment with the addition of lime and gas chlorination for treatment of drinking water. These plants are designed primarily as iron removal systems. Since 2006, there have been seven (7) violations documented by SCDHEC regarding the condition of the treatment plants.

Highway 403 WTP violations include filters operating improperly along with valves and gauges needing repairs or replacement. The filter media at the Highway 403 WTP is also in need of replacement.





Main Street WTP's filters are not operating properly and there are valves and gauges in need of repair or replacement. SCDHEC suggested taking the Main Street WTP clearwell out of service due to its age and condition in the October 9, 2012 letter to the Town.

Additional violations relate to the treatment process as well as monitoring of chlorine residuals and iron levels. There have been a number of complaints from customers relating to discolored water and odor from the water. When testing the water throughout the distribution system, it has been reported that chlorine residuals were non-detectable in some parts of the system.

SCDHEC previously advised the Town to start monitoring and documenting chlorine residuals daily. Along with monitoring and documenting the chlorine residuals, SCDHEC recommended checking iron levels in the water to ensure the treatment process is functioning properly.

## **2.3 Water Distribution and Storage**

The Timmonsville PWS includes approximately 37 miles of water mains ranging from 6-inch to 12-inch diameter along with three elevated tanks - Church, Honda, and Cale Yarborough (or Highway 403). SCDHEC documented nine violations since 2006 concerning the distribution system. These violations range from fire flow concerns and water loss to washout inspections of the elevated tanks.

SCDHEC has rated the fire flow as "needs improvement" because fire flow documentation was incomplete. Fire flow records provided at the time of inspection did not include static pressure readings.

The Town's leak detection and repair was rated as "unsatisfactory" because the leak detection and repair documentation was incomplete. In addition to the incomplete documents, pressure regulators, pressure gauges, and valves were leaking and/or inoperable.

SCDHEC has also requested the Town provide a current water loss report and summary of the steps being implemented to decrease water loss. The Town has 259 meters in need of replacement and SCDHEC has asked for a schedule of when the replacement will be completed.

The Main Street elevated tank needs interior and exterior rehabilitation, while the Honda and Highway 403 tanks require a washout inspection to assess their condition.



## 2.4 Operation and Maintenance

Since 2006, there have been thirteen documented operation and maintenance (O&M) violations against the Timmons ville PWS by SCDHEC.

The Town has one O&M violation concerning their supply wells. The flow meters at each well have not been maintained and need to be repaired or replaced.

The Town has three O&M issues with their treatment facilities. Highway 403 WTP needs painting and maintenance, while cleaning of equipment is needed at the Main Street WTP. The Main Street WTP received an "unsatisfactory" rating for treatment plant operation and control due to being out-of-service at the time of inspection.

The Town of Timmons ville has one O&M violation related to the water distribution system. This violation cites the elevated tanks not being inspected annually to ensure sanitary protection.

Additional O&M deficiencies address maintenance documentation, procedures manual, emergency plan, and providing staff to properly operate the PWS.

Valve and hydrant maintenance was rated "needs improvement" because the valve and hydrant maintenance documentation was incomplete at the time of inspection. The procedures manual was also rated "needs improvement" because the manual was incomplete. With both of these documents being incomplete, SCDHEC directed the Town to establish a valve operation program including a schedule for valve operation that must be followed.

In addition to a valve operation program, SCDHEC advised annual inspection and testing of several backflow prevention devices. SCDHEC also stated that regular flushing points need to be established and these points must be recorded and flushed as scheduled. Currently, flushing takes place on a complaint basis.

The emergency plan was rated "unsatisfactory" because contact information was not up to date. In addition, a plan did not exist to address all steps taken to access the Timmons ville PSW's emergency connection to the City of Florence. The final O&M violation was that the Town must ensure there is adequate staff to properly operate and maintain the PWS.

## **SECTION 3: CORRECTIVE ACTION PLAN**

The City of Florence (City) has reviewed the Timmons ville PWS deficiencies identified by SCDHEC and taken steps to address them. These steps include capital improvements to address deteriorating or failing infrastructure as well as implementation of proper O&M procedures to address improper O&M issues.

The proposed improvements have been itemized based upon the four general areas previously identified: supply, treatment, distribution, and O&M. Some projects address multiple deficiencies within the PWS, and may be discussed under multiple categories.

### **3.1 Water Supply**

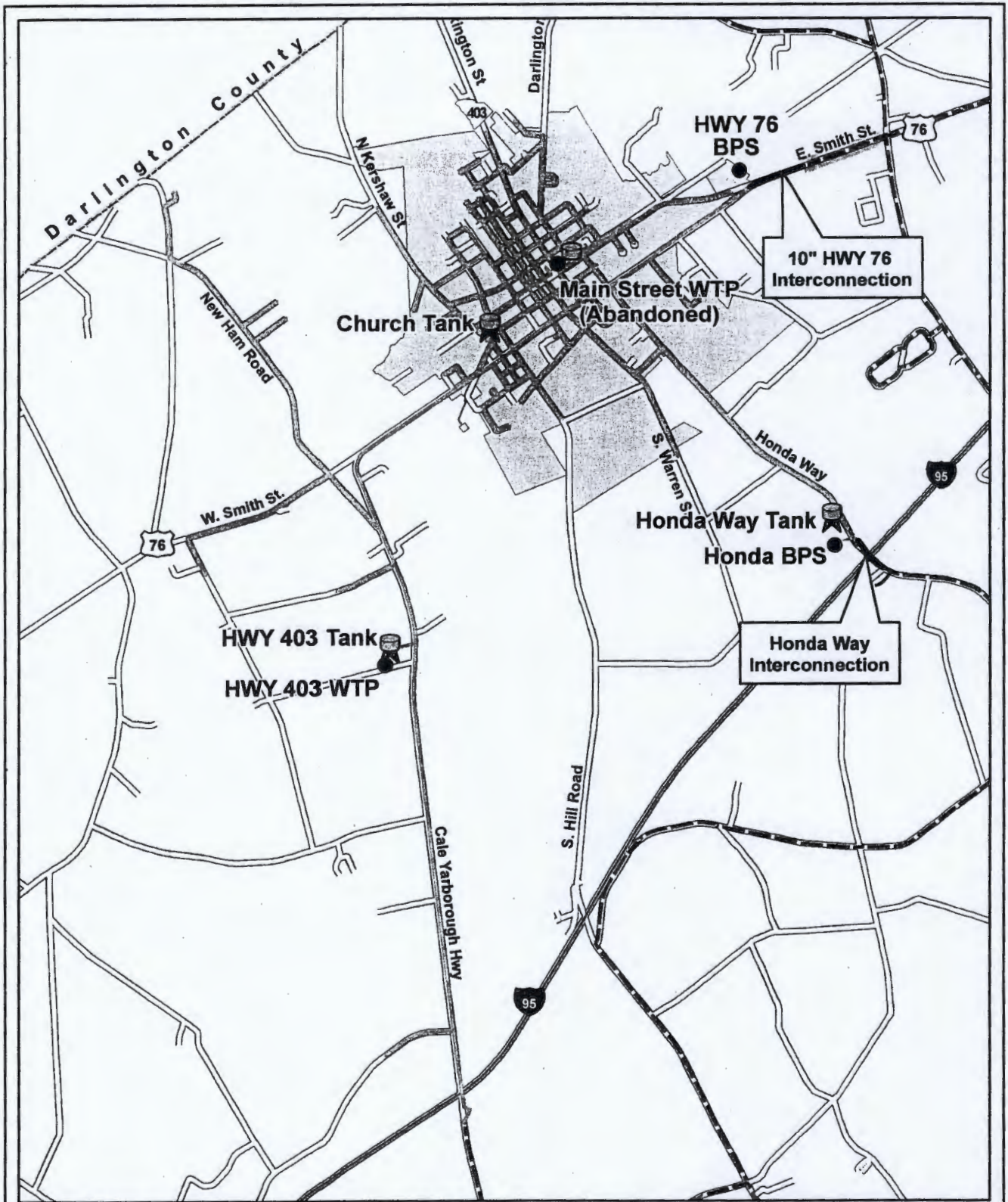
To address the deficiency in water supply, the City will increase the treated water supply to the residents of Timmons ville by upgrading an existing interconnection between the Town's distribution system and the City's distribution system on Honda Way. In addition, a new interconnection between the two systems will be added on US Highway 76. A booster pump station (BPS) with a pumping capacity of 350 gallons per minute (gpm) will be provided at each connection. These connections to the City's treated water system are shown in Figure 3-1.

The City is also proposing to construct a new well (up to 700 gpm) at the Hwy 403 WTP. Implementation of the new well is contingent upon funding from USDA. These improvements will provide adequate supply and reliability to the Timmons ville PWS.

Due to concerns about water pressure at the Honda elevated tank, the City has already initiated construction activities for the supply improvements within the Timmons ville PWS. The Honda Way interconnection is complete and operating with a temporary BPS. The permanent Honda BPS has been designed and the City has issued a purchase order for the BPS equipment. Bids for installation of this equipment have been received. The permanent pump station is anticipated to be in service by May 2014.

Phase I of the US Highway 76 interconnection (10-inch water line) design is complete. The project has been advertised and the City will take bids at the end of February 2014. This project is being constructed in conjunction with an SCDOT project that will widen US Highway 76 between Florence and Timmons ville. Phase II of the 10-inch water line that will interconnect the two systems is currently under design.





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 Date: 2/10/2014  
 Author: JBB



South Carolina State Plane, NAD 83  
 Zone 3900, International Feet

1 inch = 4,000 feet

0 2,000 4,000 8,000 Feet

**Figure 3-1**  
**Proposed Improvements Map**



The City has purchased land for the BPS site on US Highway 76. The City has also issued a purchase order for the BPS equipment for the US Highway 76 BPS. Bid documents for installation of US Highway 76 BPS are currently being developed.

### **3.2 Water Treatment**

The following modifications and improvements will be completed to address the treatment deficiencies of the Timmonsville WTPs.

#### **3.2.1 Main Street WTP**

Because the Main Street WTP requires significant rehabilitation to address existing treatment deficiencies, the City will abandon use of the Main Street WTP. Since the Main Street WTP was offline when the PWS was conveyed to the City and with the completion of the Honda Way interconnection, the City closed the valve connecting the Main Street WTP to the distribution system on January 10, 2014. This was done due to excessive leaking of numerous valves within the Main Street WTP. The capacity lost by abandoning the Main Street WTP (0.72 MGD or 500 gpm) will be replaced by the addition of the two (2) connections to the City of Florence's water system noted above which allow the City's system to supply 700 gpm to the Timmonsville PWS.

#### **3.2.2 Highway 403 WTP**

The Highway 403 WTP will be rehabilitated to address deficiencies identified by SCDHEC and to improve the overall reliability of the WTP.

##### **3.2.2.1 Filters**

SCDHEC has indicated the filters are not operating properly. In addition, there have been numerous complaints from customers relating to water color and odor which are a result of the facility's inability to effectively filter the water and remove iron (Fe).

Typical groundwater concentrations of iron in the Pee Dee region are between 2 and 3 milligrams per liter (mg/L) which exceed the secondary maximum contaminant level of 0.5 mg/L. The purpose of the media in the filters is to remove iron from the groundwater prior to distribution to the system. If the filters are not functioning properly, the iron can pass into the distribution system which causes aesthetic problems for customers as well as operational issues for the system. Filter media typically have a useful life of fifteen (15) years. The existing filter media at the Highway 403 WTP has reached the end of its useful life.

As part of the CAP, the existing filter media will be removed and replaced. In addition, existing filter nozzles and pressure vessels will be inspected during the rehabilitation process. Based upon the findings from the inspection, necessary repairs will be completed.

### **3.2.2.2 Filter Piping**

SCDHEC has documented that existing valves and pressure gauges on the filter piping are not functioning properly and need to be repaired or replaced. Existing filter valves and pressure gauges will be removed and replaced with new valves and gauges.

### **3.2.2.3 Other Improvements**

In addition to repair of the filters and filter piping, the following improvements will be made at the 403 WTP:

1. New fluoride feed system
2. Replace existing chlorine booster pumps
3. Replace existing air compressor and aerator
4. Replace broken exhaust fans and louvers
5. Sand blast and re-paint exterior of filter pressure vessels and piping
6. Assess the existing flow meter for the supply well
7. Miscellaneous electrical improvements

## **3.3 Distribution Improvements**

The City will update the existing hydraulic model of the distribution system to incorporate the Timmons ville distribution system. Following calibration, the model will be used to identify areas of high water age. If necessary, a flushing plan will be developed for the identified high water age areas. The City will conduct fire flow analysis using the calibrated model. The City will coordinate hydrant testing for model calibration with the Town of Timmons ville's Fire Department.

The City is currently conducting a detailed inspection of the water system to quantify water loss in the Timmons ville PWS. Leaking or inoperable pressure regulators, pressure gauges, and valves found during the water system inspection will be repaired or replaced. As of February 10, 2014, City crews have repaired 10 water main leaks in the Timmons ville distribution system.

In addition to the water system inspection and repairs, the City will replace all existing meters, meter boxes, linesetters, and backflow devices. The new meters will be part of an automated meter reading system containing approximately 1,000 new meters and at least one base station.

In addition to developing the hydraulic model and performing a detailed inspection of the water system, elevated tanks in the system (Honda Way, Highway 403, and Church) will be inspected, repaired and repainted as deemed necessary.



### **3.4 Operation and Maintenance**

The City will update the Highway 403 WTP O&M manual as part of the Highway 403 WTP repair and rehabilitation. The City will also implement daily iron testing at the Highway 403 WTP as requested by SCDHEC to monitor the treatment process performance.

In addition to the O&M improvements at the Highway 403 WTP, the City will begin inspecting the three elevated tanks annually and preparing an annual inspection report for each tank to evaluate sanitary protection, as currently done for the elevated tanks in the Florence system.

The City is currently implementing its backflow inspection program as well as its valve and hydrant maintenance program within the Timmonsville PWS. To implement the backflow inspection program, the City obtained the Town's annual backflow results and sent letters to customers due for an annual inspection. The City has already received backflow test results from many of the customers needing annual inspection.

To implement the valve and hydrant maintenance program, the City has conducted field investigations using existing maps of the Timmonsville PWS. Based upon this effort, most of the valves and hydrants in the system have been located. Once the valves and hydrants have been located, they are inspected and repaired as necessary.

The City is currently working with the Timmonsville Fire Department to track flushing throughout the Timmonsville PWS as it does with the Florence Fire Department. The City flushes water mains on a customer complaint basis and will conduct flushing within the Timmonsville system using the same protocol.

The City will develop a hydraulic model of the Timmonsville PWS (as part of the City's overall system model) to identify areas of high water age and establish a periodic flushing plan for those areas (if necessary). To address the water quality complaints, the City will document and map the complaints to identify areas that may need line replacement or cleaning. The model and map will also be used to assist in locating monitoring sites for routine sampling locations for compliance with the Total Coliform Rule (TCR).

The City is currently applying its standard procedures for staffing and sampling at the Highway 403 WTP. The City's standard procedures for staffing and sampling consist of a certified operator going to the WTP once during the day and once during the night. While at the WTP, operators evaluate plant operations and take samples for analysis of chlorine and pH levels. The operator also adjusts the lime and fluoride systems as needed.

The City plans to operate and maintain the Timmonsville PWS as part of the current Florence water system. Billing, water use/loss reports, and maintenance currently conducted within the Florence water system will be implemented within the Timmonsville PWS. The existing City of Florence emergency plan will be implemented for the Timmonsville PWS.



## **SECTION 4: IMPLEMENTATION**

### **4.1 Schedule**

As stated in the Consent Decree, projects proposed in this CAP must be completed within twenty-four months from the date the CAP is approved. Table 4-1 illustrates the project construction schedule for projects identified in the CAP. A detailed project schedule is provided in Appendix B. The project construction schedule presented below is estimated based upon best available information and may be subject to change due to circumstances beyond the control of the City of Florence.

**Table 4-1: Project Construction Schedule**

<b>Project</b>	<b>Start Date</b>	<b>Completion Date</b>
Honda Way Interconnection	9/23/2013	10/18/2013
Main Street WTP Abandonment	10/18/2013	1/10/2014
Honda BPS	2/13/2014	5/13/2014
Staffing Plan	1/9/2014	3/9/2014
Implement Backflow Inspection Program	1/9/2014	7/9/2014
Implement Valve and Maintenance Program	1/9/2014	7/9/2014
Automated Meter Reading System with 1000 meters	4/30/2014	8/15/2014
Hydraulic Model	3/1/2014	7/1/2014
US Highway 76 Interconnection	4/1/2014	8/23/2014
US Highway 76 BPS	6/2/2014	9/2/2014
Highway 403 WTP	9/6/2014	5/26/2015
Honda Way Elevated Tank	10/20/2015	1/15/2016
Highway 403 Elevated Tank	10/20/2015	1/15/2016
Church Elevated Tank	10/20/2015	1/15/2016
Highway 403 WTP Well	9/6/2014	5/26/2015

**APPENDIX A**  
**SANITARY SURVEYS, CONSENT ORDERS AND**  
**CORRESPONDENCE**

**BOARD:**

Robert M. Hagood  
Chairman

Edwin H. Cooper, III  
Vice Chairman

Steven G. Kiser  
Secretary



C. Earl Hunter, Commissioner

*Promoting and protecting the health of the public and the environment.*

**BOARD:**

Henry C. Scott

Paul C. Aughtry, III

Glenn A. McCall

Coleman F. Buckhouse, MD

Bureau of Water

August 3, 2007

**CERTIFIED MAIL 91 7108 2133 3932 9271 8580**  
**RETURN RECEIPT REQUESTED**

Mayor James Beard, Jr.  
Town of Timmonsville  
P.O. Box 447  
Timmonsville, S.C. 29161

Re: Consent Order 07-118-DW  
Town of Timmonsville (PWS #2110005)  
Florence County

Dear Mayor Beard:

I have enclosed a copy of the fully executed Department of Health and Environmental Control Consent Order 07-118-DW for your records. This Order was executed on August 2, 2007. All timelines in this Order are initiated on this date.

If you have any questions concerning the requirements of the Order, please call me at (803) 898-4459 or email me at [cunnints@dhc.sc.gov](mailto:cunnints@dhc.sc.gov).

Sincerely,

Tyra Cunningham  
Drinking Water Enforcement Section  
Bureau of Water

Enclosure

cc: Paula Brown, Region 4- Florence EQC Office

RECEIVED

SCDHEC  
BEE DEE DISTRICT EQC

**THE STATE OF SOUTH CAROLINA BEFORE THE DEPARTMENT OF HEALTH  
AND ENVIRONMENTAL CONTROL**

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**IN RE: TOWN OF TIMMONSVILLE  
PUBLIC WATER SYSTEM NO. 2110005  
FLORENCE COUNTY**

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**CONSENT ORDER  
07-118-DW**

---

The Town of Timmons ville (Respondent) owns and is responsible for the proper operation and maintenance of public water system (PWS) No. 2110005 that serves the customers of the Town of Timmons ville located in Florence County, South Carolina.

Inspections of the Respondent's PWS by South Carolina Department of Health and Environmental Control (Department) staff revealed that the Respondent failed to properly operate and maintain PWS No. 2110005.

Based upon discussions with the Respondent's representative, Mayor James Beard, Jr., on May 8, 2007, the parties have agreed to the issuance of this Order to include the following Findings of Fact and Conclusions of Law.

**FINDINGS OF FACT**

1. The Town of Timmons ville (Respondent) owns and is responsible for the proper operation and maintenance of public water system (PWS) No. 2110005 that serves the customers of the Town of Timmons ville located in Florence County, South Carolina.
2. The Respondent's PWS consists of two (2) permanent wells (Well 2, and Well 4), one (1) emergency well (Well 3), one (1) stand by well (Well 1), two (2) plants (HWY 403, and Main St.), nine hundred thousand (900,000) gallons of elevated storage that serves one



thousand two hundred ninety three (1,293) taps, and a primary population of two thousand nine hundred fifty-five (2,955) persons.

3. On March 27, 2006, the Department conducted a sanitary survey of the PWS, which resulted in an overall "Unsatisfactory" rating based on the following deficiencies:

- A. Water Quantity was rated "Unsatisfactory" in that Well 4 was the only well in service.
- B. Fire Flow was rated "Needs Improvement" in that fire flow documentation was incomplete.
- C. Valve and Hydrant Maintenance was rated "Needs Improvement" in that valve and hydrant maintenance documentation was incomplete.
- D. Leak Detection and Repair was rated "Unsatisfactory" in that leak detection and repair documentation was incomplete and water loss could not be calculated.
- E. Facility Maintenance was rated "Needs Improvement" in that painting and maintenance was not provided for the Hwy 403 water plant, the elevated tanks were not inspected annually to ensure sanitary protection, flow meters were not maintained for each well, and repairs and cleaning of all equipment were not conducted at the Main St. water plant.
- F. Procedures Manual was rated "Needs Improvement" in that the system's procedures manual was incomplete.

4. On March 26, 2007, the Department conducted a sanitary survey of the PWS, which resulted in an overall "Unsatisfactory" rating based on the following deficiencies:

- A. Water Quantity was rated "Unsatisfactory" in that Well 4 was the only well in service.

- B. Operation and Control was rated "Unsatisfactory" in that the Main St. water plant was not operational and needed to be placed back into service to assist the system's water quantity issues.
  - C. Fire Flow was rated "Needs Improvement" in that fire flow documentation was incomplete.
  - D. Valve and Hydrant Maintenance was rated "Needs Improvement" in that valve and hydrant maintenance documentation was incomplete.
  - E. Leak Detection and Repair was rated "Unsatisfactory" in that pressure regulators, pressure gauges, and valves were leaking and/or inoperable.
  - F. Facility Maintenance was rated "Needs Improvement" in that painting and maintenance were not provided for the Hwy 403 water plant, and the elevated tanks were not inspected annually to ensure sanitary protection.
  - G. Procedures Manual was rated "Needs Improvement" in that the system's procedures manual was incomplete.
  - H. Emergency Plan was rated "Unsatisfactory" in that one did not exist to address all steps taken to access the Town of Timmonsville's emergency connection to the City of Florence.
5. On May 8, 2007, Department staff held an enforcement conference with Mayor James Beard, Jr. The possibility of a Consent Order was discussed.

#### **CONCLUSIONS OF LAW**

Based upon the above Findings of Fact, the Department, pursuant to the State Safe Drinking Water Act, S.C. Code Ann. §§ 44-55-10 to 44-55-120 (2002), reaches the following Conclusions of Law:

1. The Respondent violated the State Primary Drinking Water Regulations, 24A S.C. Code Ann. Regs. 61-58.7(B) (Supp. 2006) in that it failed to properly operate and maintain PWS No. 2110005.
2. The State Safe Drinking Water Act, S.C. Code Ann. § 44-55-90(B) (2002), provides for a civil penalty not to exceed five thousand dollars (\$5,000.00) a day per violation for any person violating the Act.

**NOW, THEREFORE, IT IS ORDERED, CONSENTED TO AND AGREED**, pursuant to the State Safe Drinking Water Act, S.C. Code Ann. §§ 44-55-10 to 44-55-120 (2002), that the Respondent shall:

1. Within sixty (60) days of the execution date of this Order, correct all deficiencies listed in point four (4) A-H of the Findings of Fact on pages two (2) and three (3) and contact the Department's Environmental Quality Control (EQC) Region Four (4) Florence office at (843) 661-4825 to schedule an inspection of the completed work.
2. Within ninety (90) days of the execution date of this Order, submit to the Department a Business Plan to show how PWS No. 2110005 will be operated and maintained as a viable entity. The Business Plan shall include a facilities plan, a management plan and a financial plan.

**THE PARTIES FURTHER STIPULATE** that the Respondent shall pay a civil penalty of four thousand dollars (\$4,000.00) should it fail to comply with any requirement pursuant to this Consent Order, including any implementation schedule approved by the Department. Such penalties shall be due and payable upon written notice to the Respondent. The Department's determination that a requirement has been missed shall be final. All penalties due under this paragraph shall be made payable to the South Carolina Department of Health and Environmental



Control within thirty (30) days of notification by the Department. The stipulated penalties set forth above shall be in addition to any other remedies or sanctions which may be available to the Department by reason of the Respondent's failure to comply with the requirements of this Order. The Department's determination that the requirements have not been met shall be final.

**PURSUANT TO THIS ORDER**, communications regarding this Order and its requirements are to include the Order number and shall be addressed as follows:

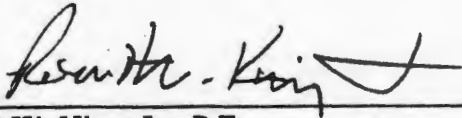
Tyra Cunningham  
Bureau of Water-Enforcement Division  
S.C. Department of Health and Environmental Control  
2600 Bull Street  
Columbia, S.C. 29201

**IT IS FURTHER ORDERED AND AGREED** that this Consent Order governs only the Town of Timmons ville's liability to the Department for civil sanctions arising from the matters set forth herein and constitutes the entire agreement between the Department and the Town of Timmons ville with respect to the resolution and settlement of the matters set forth herein. The parties are not relying upon any representations, promises, understandings or agreements except as expressly set forth within this Order.

**IT IS FURTHER ORDERED AND AGREED** that failure to comply with any provisions of this Order shall be grounds for further enforcement action pursuant to the State Safe Drinking Water Act, S.C. Code Ann. § 44-55-80(A) (2002), to include the assessment of additional civil penalties.

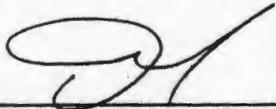
[Signature page follows]

FOR THE SOUTH CAROLINA DEPARTMENT  
OF HEALTH AND ENVIRONMENTAL CONTROL



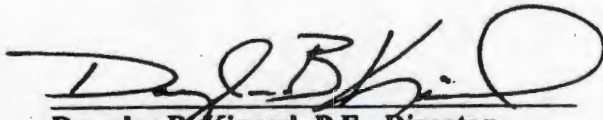
Robert W. King, Jr., P.E.  
Deputy Commissioner  
Environmental Quality Control

Date: 9/2/07



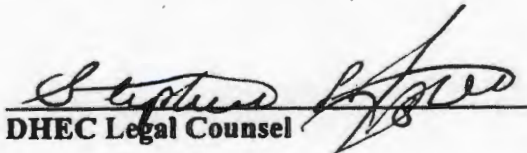
David E. Wilson, Jr., P.E.  
Chief, Bureau of Water

Date: 7-24-07



Douglas B. Kinard, P.E., Director  
Water Enforcement Division  
Bureau of Water

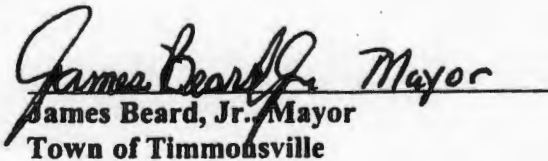
Date: 7/20/07



DHEC Legal Counsel

Date: 7/25/07

I/WE CONSENT:



James Beard, Jr. Mayor  
Town of Timmonsville

Date: 7/14/07

BOARD:

Paul C. Angbury, III  
Chairman

Edwin H. Cooper, III  
Vice Chairman

Sтивен G. Kiser  
Secretary



C. Earl Hunter, Commissioner

*Promoting and protecting the health of the public and the environment*

Bureau of Water

March 12, 2010

BOARD:

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M. David Mitchell, MD

Glenn A. McCall

C. Herman F. Buckhouse, MD

**CERTIFIED MAIL 91 7108 2133 3936 3004 1608**  
**RETURN RECEIPT REQUESTED**

Town of Timmonsville  
Attn: Mayor Darrick Jackson  
P.O. Box 447  
Timmonsville, S.C. 29161

RE: **Amended Consent Order 07-118-DW**  
**Public Water System (PWS) No. 2110005**  
**Florence County**

Dear Mayor Jackson:

Please find enclosed a copy of the fully executed Department of Health and Environmental Control (Department) Amendment to Consent Order 07-118-DW, for your records. This order was executed on March 11, 2010. All timelines are as indicated in the Order.

If you have any questions concerning the requirements of this Order, please contact me at (803) 898-4459 or email me at [cunnints@dhec.sc.gov](mailto:cunnints@dhec.sc.gov)

Sincerely,

Tyra Cunningham  
Drinking Water Protection Division  
Bureau of Water

cc: Paula Brown, Region 4 Florence EQC office



**THE STATE OF SOUTH CAROLINA  
BEFORE THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL**

---

**IN RE: TOWN OF TIMMONSVILLE  
PUBLIC WATER SYSTEM NO. 2110005  
FLORENCE COUNTY**

---

**AMENDMENT TO CONSENT ORDER  
07-118-DW**

---

**WHEREAS,** on August 2, 2007, the Town of Timmons ville (Respondent), and the South Carolina Department of Health and Environmental Control (Department) entered into Consent Order (CO) 07-118-DW with respect to violations, which occurred at the Respondent's public water system No. 2110005 (PWS), located in Florence County, South Carolina;

**WHEREAS,** the Order addresses the Respondent's failure to properly operate and maintain the PWS;

**WHEREAS,** the Respondent did not correct all of the deficiencies documented within the March 26, 2007 sanitary survey as required by CO 07-118-DW; and on November 30, 2009, the Department conducted a sanitary survey which documented additional deficiencies.

**NOW, THEREFORE,** the Department and the Respondent agree that CO 07-118-DW is incorporated herein by reference and that CO 07-118-DW is hereby amended by adding the following new requirement:

1. Within sixty (60) days of the execution date of this Order, correct all of the deficiencies documented in the March 27, 2007 and November 30, 2009 sanitary surveys and listed in the Department's December 14, 2009 sanitary survey letter to the Respondent, and contact the Department's Region four (4) Florence Environmental Quality Control office at (843) 661-4825 to schedule an inspection to verify the completed work.

**THE PARTIES FURTHER STIPULATE** that the Respondent shall pay a civil penalty of eight thousand dollars (\$8,000.00) should it fail to comply with any requirement pursuant to this Amendment to CO 07-118-DW, including any implementation schedule approved by the Department. Such penalties shall be due and payable upon written notice to the Respondent. The Department's determination that a requirement has been missed shall be final. All penalties due under this paragraph shall be made payable to the South Carolina Department of Health and Environmental Control within thirty (30) days of notification by the Department. The stipulated penalties set forth above shall be in addition to any other remedies or sanctions which may be available to the Department by reason of the Respondent's failure to comply with the requirements of this Amendment. The Department's determination that the requirements have not been met shall be final. The stipulated penalty set forth within this Amendment to Consent Order 07-118-DW shall supersede the stipulated penalty as set forth in CO 07-118-DW.

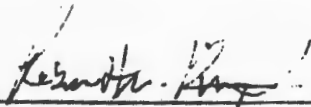
Except for the specific additions and/or modifications set forth herein, the remainder of CO 07-118-DW remains in full force and effect and binding upon the parties as written and executed on August 2, 2007. If there is any conflict between the terms and conditions of this Amendment and the terms and conditions of CO 07-118-DW, the terms and conditions of this Amendment shall govern.

Any violation of this Amendment shall subject the Respondent to an enforcement action or appropriate court action to enforce this Amendment or impose sanctions as allowed by appropriate applicable law.

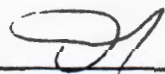
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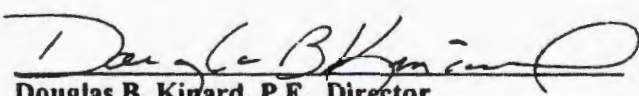
FOR THE SOUTH CAROLINA DEPARTMENT  
OF HEALTH AND ENVIRONMENTAL CONTROL

  
Robert W. King, Jr., P.E.  
Deputy Commissioner  
Environmental Quality Control

Date: 3/11/10

  
David E. Wilson, Jr., P.E.  
Chief, Bureau of Water

Date: 3-3-10

  
Douglas B. Kizard, P.E., Director  
Drinking Water Protection Division  
Bureau of Water

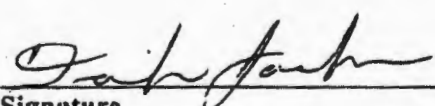
Date: 3/2/10

Reviewed by:

  
Attorney  
Office of General Counsel

Date: 3/8/10

For Town of Timmonsville

  
Signature

Date: 2-26-10

Darrick Jackson Mayor  
Print or type name and title

BOARD:  
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Chairman  
Edwin H. Cooper, III  
Vice Chairman  
Steven G. Kisner  
Secretary



C. Earl Hunter, Commissioner

*Promoting and protecting the health of the public and the environment*

BOARD:  
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M. David Mitchell, MD  
Glenn A. McCall  
Coleman F. Buckhouse, MD

Bureau of Water  
March 10, 2011

**CERTIFIED MAIL 91 7108 2133 3938 7366 8419**  
**RETURN RECEIPT REQUESTED**

Town of Timmonsville  
Attn: Mayor Darrick Jackson  
P.O. Box 447  
Timmonsville, S.C. 29161

Re: Consent Order 11-011-DW  
Town of Timmonsville  
Public Water System No. 2110005  
Florence County

Dear Mayor Jackson:

I have enclosed a copy of the fully executed Department of Health and Environmental Control Consent Order 11-011-DW for your records. This Order was executed on March 10, 2011. All timelines in this Order are initiated on this date.

If you have any questions concerning the requirements of the Order, please call me at (803) 898-4459 or email me at [cunnints@dhec.sc.gov](mailto:cunnints@dhec.sc.gov).

Sincerely,

Tyra Cunningham  
Drinking Water Enforcement Section  
Bureau of Water

Cc: Paula Brown, Region 4 Florence EQC office  
Mark Fountain, Administrator, Town of Timmonsville

**THE STATE OF SOUTH CAROLINA  
BEFORE THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL**

---

**IN RE: TOWN OF TIMMONSVILLE  
PUBLIC WATER SYSTEM NO. 2110005  
FLORENCE COUNTY**

---

**CONSENT ORDER  
11-011-DW**

---

The Town of Timmons ville (Respondent) owns and is responsible for the proper operation and maintenance of public water system No. 2110005 (PWS) that serves the customers of the Town of Timmons ville located in Florence County, South Carolina.

South Carolina Department of Health and Environmental Control (Department) records reveal that the Respondent failed to properly operate and maintain the PWS.

Based on discussions with the Respondent's representatives on January 26, 2011, the parties have agreed to the issuance of this Order to include the following Findings of Fact and Conclusions of Law.

**FINDINGS OF FACT**

1. The Town of Timmons ville (Respondent) owns and is responsible for the proper operation and maintenance of public water system No. 2110005 (PWS) that serves the customers of the Town of Timmons ville located in Florence County, South Carolina.
2. The PWS consists of four (4) wells, two (2) receiving plants (B21012-Main Street and B21013-Hwy 403), one thousand (1,000) taps, serves a population of approximately two thousand four hundred (2,400) and is classified by the Department as a Community PWS.

3. On November 23, 2010, Department staff conducted a sanitary survey of the PWS which resulted in an "unsatisfactory" rating due to the following deficiencies:
- A. Cross Connection Control was rated "needs improvement" in that one (1) backflow device at the wastewater plant did not pass inspection.
  - B. Fire Flow was rated "needs improvement" in that the fire flow program was incomplete. Fire flow records did not include static pressures. This deficiency was documented and the item rated "needs improvement" during the April 22, 2010 sanitary survey.
  - C. Valve/Hydrant Maintenance was rated "needs improvement" in that the valve/hydrant maintenance program was incomplete. Valve operation dates were not documented. This deficiency was documented and the item rated "needs improvement" during the April 22, 2010 sanitary survey.
  - D. Leak Detection and Repair was rated "unsatisfactory" in that the water loss for the system could not be determined. Records for the amount of water pumped verses the amount of water billed were unavailable for review. This deficiency was documented and the item rated "unsatisfactory" during the April 22, 2010 sanitary survey.
  - E. Protection from Contamination was rated "needs improvement" in that the elevated water storage tank located at the Downtown water plant was out of service and valved off from the system. The connection to this tank was not permanently severed to prevent water from entering the tank.
  - F. Storage Maintenance was rated "needs improvement" in that a recommended washout inspection was not conducted for the Honda and Cale Yarbboro tanks; the

Main Street tank did not have an interior and exterior rehabilitation and an annual inspection was not conducted on the elevated storage tanks. This deficiency was documented and the item rated "needs improvement" during the April 22, 2010 sanitary survey.

- G. Corrections from Previous Sanitary Survey was rated "unsatisfactory" in that deficiencies from the previous sanitary survey had not been corrected.

At least one (1) of the above noted deficiencies constitutes a significant deficiency under the Ground Water Rule.

4. On January 26, 2011, Department staff held an enforcement conference with the Respondent's representatives, Mark Fountain (Town Administrator), Dora Lee (Town Treasurer), Donald Johnson (Operator of Record), Martin Fox (Weaver Engineering), and Mark Buyck, III (Town Attorney) to discuss the violations. The possibility of a Consent Order was discussed.

#### CONCLUSIONS OF LAW

Based upon the above Findings of Fact, the Department, pursuant to the State Safe Drinking Water Act, S.C. Code Ann. §§ 44-55-10 to 44-55-120 (2002 & Supp. 2010), reaches the following Conclusions of Law:

1. The Respondent violated the State Primary Drinking Water Regulations, 24A S.C. Code Ann. Regs. 61-58.7 (Supp. 2010), in that it failed to properly operate and maintain the PWS.
2. The State Safe Drinking Water Act, S.C. Code Ann. § 44-55-90(B) (2002), provides for a civil penalty not to exceed five thousand dollars (\$5,000.00) a day per violation for any person violating the Act.

**NOW, THEREFORE, IT IS ORDERED, CONSENTED TO AND AGREED**, pursuant to



the State Safe Drinking Water Act, S.C. Code Ann. §§ 44-55-10 to 44-55-120 (2002 & Supp. 2010), that the Respondent shall:

- I. Within thirty (30) days of the execution date of this Order, submit to the Department for approval a corrective action plan (CAP) to include proposed steps to address the deficiencies as documented in the November 23, 2010 sanitary survey. The CAP shall also include a detailed schedule of implementation and completion that, upon Department approval, shall be incorporated into and become an enforceable part of this Order.

**PURSUANT TO THIS ORDER**, communications regarding this Order and its requirements are to include the Order number and shall be addressed as follows:

Tyra Cunningham  
S.C. Department of Health and Environmental Control  
Bureau of Water - Drinking Water Protection Division  
Drinking Water Enforcement Section  
2600 Bull Street  
Columbia, S.C. 29201

**THE PARTIES FURTHER STIPULATE** that the Respondent shall pay a civil penalty of six thousand dollars (\$6,000.00) should it fail to comply with any requirement pursuant to this Consent Order, including any implementation schedule approved by the Department. Such penalties shall be due and payable upon written notice to the Respondent. The Department's determination that a requirement has been missed shall be final. All penalties due under this paragraph shall be made payable to the South Carolina Department of Health and Environmental Control within thirty (30) days of notification by the Department. The stipulated penalties set forth above shall be in addition to any other remedies or sanctions which may be available to the Department by reason of the Respondent's failure to comply with the requirements of this Order. The Department's determination that the requirements have not been met shall be final.

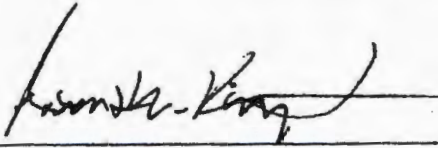
**THE PARTIES UNDERSTAND** that this Consent Order governs only the liability to the Department for civil sanctions arising from the matters set forth herein and constitutes the entire

agreement between the Department and the Town of Timmons ville with respect to the resolution and settlement of these matters. The parties are not relying upon any representations, promises, understandings, or agreements except as expressly set forth within this Order.

**IT IS FURTHER ORDERED AND AGREED** that failure to comply with any provisions of this Order shall be grounds for further enforcement action pursuant to the State Safe Drinking Water Act, S.C. Code Ann. § 44-55-80(A) (2002), to include the assessment of additional civil penalties.

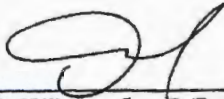
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FOR THE SOUTH CAROLINA DEPARTMENT  
OF HEALTH AND ENVIRONMENTAL CONTROL



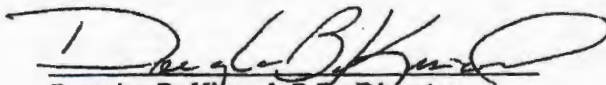
Robert W. King, Jr., P.E.  
Deputy Commissioner  
Environmental Quality Control

Date: 3/8/11



David E. Wilson, Jr., P.E., Chief  
Bureau of Water

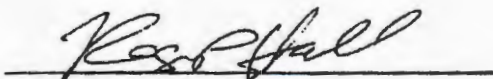
Date: 2-24-11



Douglas B. Kinard, P.E., Director  
Drinking Water Protection Division  
Bureau of Water

Date: 2/24/11

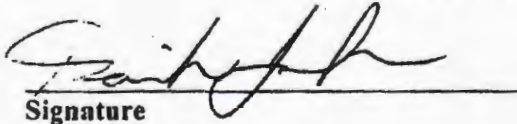
Reviewed by:



Attorney  
Office of General Counsel

Date: 3/1/11

FOR THE TOWN OF TIMMONSVILLE



Signature

Date: 2-17-2011

Darriek Jackson Mayor  
Print or type name and title





C. Earl Hunter, Commissioner

*Promoting and protecting the health of the public and the environment.*

October 9, 2012

The Honorable Darrick Jackson, Mayor  
Town of Timmonsville  
PO Box 447  
Timmonsville, SC 29161

Re: Water System Sanitary Survey  
Town of Timmonsville  
DHEC system # 2110005

Dear Mayor Jackson:

This letter is to confirm the findings of the September 27, 2012 inspection of the Town of Timmonsville water system. Thanks to Mitchell Dew and Mary Bynes for their cooperation and assistance during my visit.

When evaluated according to the State Primary Drinking Water Regulations (SPDWR), the Town of Timmonsville's rating is "Unsatisfactory". Please note that the town is under **Consent Order 11-011-DW executed on March 10, 2011** that includes the Corrective Action Plan submitted by Weaver Engineering on behalf of the town and approved by the Department on May 11, 2011. Please note that all scheduled implementation dates in the CAP are an enforceable part of Consent Order 11-011-DW. Several of the schedules set forth in the CAP have not been met. Your CAP must be updated and submitted to this office and Bureau of Water Drinking Water Enforcement for review.

Following are the issues that are addressed in the CAP. Please provide an update for each item within fifteen (15) days.

1. Given the age and condition of the clearwell, the town may want to consider taking the clearwell out of service before major repairs are needed. The clearwell was scheduled to be replaced by August 16, 2012 according to the CAP. This has not been completed.
2. A washout inspection is recommended for the Honda and Cale Yarborough tanks. According to the CAP, these were to be completed by November 1, 2011 but have not been done. Please include a date of when this will be done in your response.
3. The Main Street tank needs an interior and exterior rehabilitation. A grant application has been made to provide funds for this work. This work is scheduled to be completed by August 2013 according to the CAP.

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL**

**Region 4**

Serving Chesterfield, Clarendon, Darlington, Dillon, Florence, Kershaw, Lee, Marion, Marlboro and Sumter Counties  
Florence EQC Office • 145 E. Cheves Street • Florence, SC 29506 • Phone: (843) 661-4825 • Fax: (843) 661-4858 • [www.scdhec.gov](http://www.scdhec.gov)

4. Please provide a current water loss report and a summary of the steps that are being implemented to decrease water loss.
5. The remaining 259 water meters in need of replacement were scheduled to be replaced by October 1, 2011 according to the CAP. According to information provided at time of inspection, the town is getting quotes to replace all the meters in town to the wand system. Please provide a schedule of when the replacement should be completed.

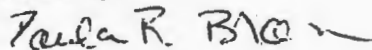
The following are additional items that require attention. **Please provide this office with a written response within 15 days of receipt of this letter outlining the town's plan for addressing the items listed below.**

6. The filters at both the 403 and Main St water plants are not operating properly. There are valves and gauges that need to be repaired or replaced. The filters at the Main St. plant are in the process of being cleaned. The media in the filters at the 403 plant needs to be replaced based on information provided at time of inspection. The filters must be operated and maintained so that they provide adequate treatment.
7. There have been 24 complaints received from customers regarding water quality since July 31, 2012. Most customers are complaining about discolored water and odor in the water. It is important that water be aesthetically pleasing to customers. Water should be clear, colorless and free from objectionable tastes and odors. Water should not stain plumbing fixtures, clothes or piping.
8. Chlorine residuals that have been measured have been non-detectable in some parts of the distribution system. Low chlorine residuals can lead to numerous water quality problems. Please begin monitoring and documenting chlorine residuals in the distribution system daily. Make any adjustments necessary to ensure residuals are being maintained throughout the system.
9. There are several backflow prevention devices that are due for annual inspection. Warning letters have been sent to these accounts. Please ensure that devices all devices are tested.
10. Fireflow records provided at time of inspection did not include static pressure readings. Fireflow testing must include flow and static and residual pressure readings. Fireflow tests must be conducted at least every three years. Please provide most recent fireflow records that have all required information.
11. Valve operation program must be established. Schedules for valve operation must be set and followed.

12. Flushing takes place on complaint basis. Regular flushing points are being established. These points must be recorded, flushed routinely and documented as scheduled.
13. Contact information in the emergency plan needs to be updated.
14. The Town of Timmonsville must make sure there is adequate staff to properly operate and maintain the water system. There must be enough staff to perform daily operation and preventative maintenance and react in emergency situations such as line breaks. There was a water leak on Main and Keith St. called into our office as a complaint on June 29, 2012 and observed by this office on June 29, 2012. This leak was again observed on the day of inspection. Water leaks must be repaired in a timely manner.
15. Iron levels must be checked at least once per day to ensure the treatment process is functioning properly.

Please call me at (843)661-4825 if you have any questions.

Sincerely,



Paula R. Brown  
Environmental Health Manager  
Florence EQC

Cc: Buck Graham CPM, Director, Director, Region 4 EQC  
Ted Ambrose, Program Manager, Florence EQC  
Karen Ramos, Drinking Water Enforcement Section  
Bureau of Water  
File



## SCDHEC

## Public Water System Inventory Report Form

## Bureau of Water

Site Name: TIMMONSVILLE TOWN OF  
 System Number: 2110005  
 Fax Number: (843)346-7965

(A)dd, (M)odify, (R)enum, (D)elete.

Reason:

Today's Date: 9/27/12

## DW Mailing Address:

Owner: TIMMONSVILLE TOWN OF  
 Attn: DARRICK JACKSON, MAYOR  
 PO BOX 447  
 TIMMONSVILLE, SC 29161-0447

Owner Business Telephone: (843)346-7942  
 Owner Emergency Telephone: (843)687-0861

## Site Info Address:

PO BOX 447  
 TIMMONSVILLE, SC 29161-0447

\*Contact: JOHNSON, DONALD M

\*Phone: (843)857-7113

\*email: BLI1885@AOL.COM

DW Mail Attention: DARRICK JACKSON

DW Contact Telephone: (843)621-0504

## System Characteristics

System Type: C	Inact Code:	Service Area: R1	Season On (mo/day): 01/01
	Inact Date (mo/yr):	Counties Served:	Season Off (mo/day): 12/31
Owner Type: LOCAL	Begin Date (mo/yr): 06/1977	21	

## Statistical Information

## Source Use Information:

Percent Surface Water: 0  
 Percent Ground Water: 100  
 Percent Purchased Surface Water: 0  
 Percent Purchased Ground Water: 0

Total must equal 100%

Number of Surface Water Sources: 0  
 Number of Ground Water Sources: 4  
 Purchased Surface Water Sources: 0  
 Number of Permanent SW Sources: 0  
 Number of Emergency SW Sources: 0  
 Number of Permanent GW Sources: 2  
 Number of Emergency GW Sources: 1

## Service Population:

Population: 2,105  
 Secondary Population: 0

## Number of Service Connections:

Residential: 877  
 Non Residential: 105  
 Maximum Allowable: 0  
 Permitted: 0

Total: 982

## Production (MGD):

Average: 0.5140  
 Maximum Day: 0.68

## Capacity:

Total: 6048  
 Emergency: 0.5000

## Storage:

Elevated (MG): 0.900  
 Ground (MG): 0.000  
 Pressure (TG): 0.000

## Comments

\* Add/change contact name, address, phone and email info here. This information can be found in EFIS/Permits/Relations/type DW Contact.

Signature: [Signature]

September 27, 2012

Page 1 of 1

dwinvent.rdf



**SCDHEC**  
**Bureau of Water**

**Public Water System Source/Plant Inventory Report**

Site Name: TIMMONSVILLE TOWN OF  
System Number: 2110005  
Source ID: G21423

(A)dd, (M)odify, (R)enum, (D)elete.

Reason:

Today's Date:

**General Information**

Location . . . . . Hwy 403  
Source Name . . . . . WELL Four - Hwy 403  
Receiving Plant . . . . . HWY 403  
Plant ID . . . . . B21013

Availability Code . . . . . P  
Latitude . . . . . 34.10446210  
Longitude . . . . . - 79.95686820  
Source Code . . . . . G

**Ground Water Source Information**

**Well Characteristics**

Depth (ft) . . . . . 518  
Type . . . . . 3  
Casing Diameter (in) . . . . . 10  
Casing Type . . . . . S  
Under the Direct Influence of SW? . . . . . N

**Well Pump Characteristics**

Horsepower . . . . . 100.00  
Type . . . . . S  
Design Yield (gpm) . . . . . 603.00  
Test Yield (gpm) . . . . . 600.00  
Avg. Daily Production (TGD) . . . . . 284.00  
Regulated Capacity (TGD) . . . . . 516.00

311 10

**Treatment Codes**

N9970

**Comments**

Signature:

*Paula B...*

**SCDHEC**  
**Bureau of Water**

**Public Water System Source/Plant Inventory Report**

Site Name: TIMMONSVILLE TOWN OF  
System Number: 2110005  
Source ID: G21119

(A)dd, (M)odify, (R)enum, (D)elele

Reason:

Today's Date:

**General Information**

Location: WATER PLANT  
Source Name: WELL ONE - Water Plant  
Receiving Plant: MAIN ST  
Plant ID: B21012

Availability Code: S  
Latitude: 34.13611450  
Longitude: -79.93932960  
Source Code: G

**Ground Water Source Information**

Well Characteristics

Depth (ft): 480  
Type: 3  
Casing Diameter (in): 8  
Casing Type: S  
Under the Direct Influence of SW?: N

Well Pump Characteristics

Horsepower: 30.00  
Type: S  
Design Yield (gpm): 0.00  
Test Yield (gpm): 325.00  
Avg. Daily Production (TGD): 0.00  
Regulated Capacity (TGD): 312.00

**Treatment Codes**

N9970

**Comments**

Not able to use at this time. mec 05/02/06  
Work underway to place online. mec 02/05/08

Signature:

*Kevin B...*

**SCDHEC**  
**Bureau of Water**

**Public Water System Source/Plant Inventory Report**

Site Name: TIMMONSVILLE TOWN OF  
System Number: 2110005  
Source ID: G21120

(A)dd, (M)odify, (R)enum, (D)elete  
Reason:  
Today's Date: 9/27/12

**General Information**

Location: RESCUE SQUAD  
Source Name: WELL TWO - Rescue Squad  
Receiving Plant: MAIN ST  
Plant ID: B21012

Availability Code: P  
Latitude: 34.13717740  
Longitude: -79.93841350  
Source Code: G

**Ground Water Source Information**

**Well Characteristics**

Depth (ft): 486  
Type: 3  
Casing Diameter (in): 10  
Casing Type: S  
Under the Direct Influence of SW?: N

**Well Pump Characteristics**

Horsepower: 30.00  
Type: T  
Design Yield (gpm): 0.00  
Test Yield (gpm): 420.00  
Avg. Daily Production (TGD): 230.80  
Regulated Capacity (TGD): 403.20

29.65

**Treatment Codes**

N9970

**Comments**

Signature:

*Kevin B. Brown*

## Bureau of Water

Site Name: TIMMONSVILLE TOWN OF

System Number: 2110005

Source ID: G21121

(A)dd, (M)odify, (R)enum, (D)elete

Reason:

Today's Date: 9/21/12

## General Information

Location: WATER PLANT STANDBY  
Source Name: WELL THREE - Water Plant Standby  
Receiving Plant: MAIN ST  
Plant ID: B21012

Availability Code: E  
Latitude: 34.13719280  
Longitude: -79.93836920  
Source Code: G

## Ground Water Source Information

Well Characteristics

Depth (ft): 260  
Type: 3  
Casing Diameter (in): 0  
Casing Type: S  
Under the Direct Influence of SW?: N

Well Pump Characteristics

Horsepower: 0.00  
Type: S  
Design Yield (gpm): 250.00  
Test Yield (gpm): 0.00  
Avg. Daily Production (TGD): 0.00  
Regulated Capacity (TGD): 240.00

## Treatment Codes

N9970

## Comments

Signature: *Timothy P. [unclear]*



**SCDHEC****Public Water System Source/Plant Inventory Report****Bureau of Water**

Site Name: TIMMONSVILLE TOWN OF  
System Number: 2110005  
Source ID: W21001

(A)dd, (M)odify, (R)enum, (D)elete:  
Reason: 11/2/11  
Today's Date: 11/2/11

**General Information**

Location: NONE  
Source Name: Purchased Ground Water  
Receiving Plant: N/A  
Plant ID: N/A

Availability Code: E  
Latitude:  
Longitude:  
Source Code: W

**Purchased Source Information**

System Number Metered From: 2110001  
System Name Metered From: FLORENCE CITY OF

Average Use (MGD): 0.0013  
Total Capacity (MGD): .5  
Number of Meters: 2

**Treatment Codes****Comments**

2 Connections- Center Rd at I-95 (Honda)  
- Hwy 403 at I-95

Signature: *[Handwritten Signature]*

**SCDHEC****Public Water System Source/Plant Inventory Report****Bureau of Water**

Site Name: TIMMONSVILLE TOWN OF  
System Number: 2110005  
Source ID: B21012

(A)dd, (M)odify, (R)enum, (D)elele

Reason:

Today's Date

**Plant Source Information**

Plant Name: MAIN ST  
Plant Phone:  
Plant Type: B  
Available Code: P

Average Production (MGD): 0.2300  
Total Capacity (MGD): 0.6048  
Emergency Capacity (MGD): 0.0000

**Geographical Address****Treatment Codes**

C4450, C4470, C7402, D4010, D4030, F1430, F3440

**Comments**

Signature: *Michael B. Davis*

September 27, 2012

Page 6 of 7

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**SCDHEC****Bureau of Water****Public Water System Source/Plant Inventory Report**

Site Name: TIMMONSVILLE TOWN OF  
System Number: 2110005  
Source ID: B21013

(A)dd, (M)odify, (R)enum, (D)ele

Reason:

Today's Date:

**Plant Source Information**

Plant Name: HWY 403  
Plant Phone:  
Plant Type: B  
Available Code: P

Average Production (MGD) 0.2640  
Total Capacity (MGD) 0.8640  
Emergency Capacity (MGD) 0.0000

**Geographical Address****Treatment Codes**

C4450, C4470, C7402, C7412, D4010, D4030, F1430, F3440

**Comments**

Signature:

September 27, 2012

Page 7 of 7

dwinvsrc.rdl

**SCDHEC**  
**Bureau of Water**

**Public Water System Sanitary Survey Report**  
**Ground Water Systems**

Site name: TIMMONSVILLE TOWN OF

System number: 2110005

Last Survey: 02/09/2011

Survey Date: 4.27.12  
Overall Rating: U

Type Inspection/Visit: GW FOLLOW-UP

Operator/Owner present? Y

**Source:**

- 1. \*Protection from Contam S
- 2. Quantity S
- 3. Security S
- 4. Wellhead Piping S

**Pumps, Pump Facilities & Controls:**

- 24. \*Reliable Capacity S
- 25. Operation & Control S
- 26. Pumps S
- 27. Flow Measuring Device S

44. Dist Group (I - V) III

45. Distribution Operator Grade

- A. 1
- B.
- C.
- D. 2
- T.
- G.

**Water Treatment:**

- 5. \*Chemical Feed S
- 6. Chemical Storage & Hand S
- 7. Chemical Injection Points S u
- 8. Filtration S u
- 9. Equipment Maintenance S u

**Monitoring, Reporting & Data Verification:**

- 28. \*Monitoring/Record Keeping S I
- 29. Testing Equipment S
- 30. Sample Siting Plan S

**Other Requirements:**

46. Drought Response Plan N

47. Source Water Protection Plan

48. Are all services metered? Y

Percent metered 100

49. Field Tests (Location or address)

N

Chlorine

pH

Pressure

Flow

Other (Specify)

Other Result

50. Samples Taken

Bacteriological

Inorganic

Organic

Radiological

Other

51. Follow up scheduled? N

Date scheduled

**Distribution:**

- 10. \*Water Quality S u
- 11. Adequate Pressure S
- 12. Disinfectant Residual S u
- 13. Cross Connection Control I
- 14. Fire Flow S u
- 15. Valve/Hydrant Maintenance S I
- 16. Flushing Program S I
- 17. Leak Detection and Repair U
- 18. System Map S

**System Management & Operation:**

- 31. \*Corrections from Previous Survey U
- 32. Emergency Plan S I
- 33. Plant Security S
- 34. Facility Maintenance S
- 35. Supplies/Spare Parts Inv S
- 36. Waste Disposal S
- 37. Procedures Manual S
- 38. Stand-by Power S
- 39. Is system presently under order? Y
- If Yes, is system complying w/order? N

**Storage:**

- 19. \*Protection from Contam I
- 20. Capacity S
- 21. Security S
- 22. Appurtenances S
- 23. Maintenance I

**Operator Certification:**

- 40. \*Certified Operator S I
- 41. Staffing S I
- 42. System Group (I - V) III
- 43. Treatment Operator Grade

- A. 1
- B. 2
- C.
- D.
- T.

\*Items with an asterisk are significant deficiency items.  
This form represents neither a final approval of the water system, nor an approval to operate the system.



**SCDHEC**  
**Bureau of Water**

**Public Water System Sanitary Survey Report**  
**Ground Water Systems**

Site name: TIMMONSVILLE TOWN OF

System number: 2110005

Last Survey: 02/09/2011

Survey Date: 12/12

Comments

*Patrick Brown*  
DHEC Representative

System Representative

Title



C. Earl Hunter, Commissioner

*Promoting and protecting the health of the public and the environment.*

April 11, 2013

The Honorable Darrick Jackson, Mayor  
Town of Timmons ville  
PO Box 447  
Timmons ville, SC 29161

Re: Water System Sanitary Survey  
Town of Timmons ville  
DHEC system # 2110005

Dear Mayor Jackson:

This letter is to confirm the findings of the March 19, 2013 inspection of the Town of Timmons ville water system. Thanks to Mitchell Dew and Mary Bynes for their cooperation and assistance during my visit.

When evaluated according to the State Primary Drinking Water Regulations (SPDWR), the Town of Timmons ville's rating is "Unsatisfactory". Please note that the town is under **Consent Order 11-011-DW executed on March 10, 2011** that includes the Corrective Action Plan submitted by Weaver Engineering on behalf of the town and approved by the Department on May 11, 2011. Please note that all scheduled implementation dates in the CAP are an enforceable part of Consent Order 11-011-DW. Several of the schedules set forth in the CAP have not been met. Your CAP must be updated and submitted to this office and Bureau of Water Drinking Water Enforcement for review.

Following are the issues that are addressed in the CAP. Please provide an update for each item within fifteen (15) days.

1. Given the age and condition of the clearwell, the town may want to consider taking the clearwell out of service before major repairs are needed. The clearwell was scheduled to be replaced by August 16, 2012 according to the CAP. This has not been completed.
2. A washout inspection is recommended for the Honda and Cale Yarborough tanks. According to the CAP, these were to be completed by November 1, 2011 but have not been done. Please include a date of when this will be done in your response.
3. The Main Street tank needs an interior and exterior rehabilitation. A grant application has been made to provide funds for this work. This work is scheduled to be completed by August 2013 according to the CAP.

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL**

**Region 4**

Serving Chesterfield, Clarendon, Darlington, Dillon, Florence, Kershaw, Lee, Marion, Marlboro and Sumter Counties  
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4. A water audit needs to be completed on your system. Once the audit has been completed, information from the audit must be used to make improvements to your system. Free audit software can be found at <http://tinyurl.com/auditsoftware>.
5. Water meters are in the process of being checked for accuracy. At time of inspection, 96 meters had been identified that needed replacement. Please provide a final number that includes all meters that need to be replaced in your response.

**The following are additional items that require attention. Please provide this office with a written response within 15 days of receipt of this letter outlining the town's plan for addressing the items listed below.**

6. Please complete review of inactive account list to identify accounts that may have become active.
7. The filters at both the 403 and Main St water plants are not operating properly. There are valves and gauges that need to be repaired or replaced. The media in the filters at both plants need to be replaced. The filters must be operated and maintained so that they provide adequate treatment.
8. There have been numerous complaints received from customers regarding water quality within the last six months. Most customers are complaining about discolored water and odor in the water. It is important that water be aesthetically pleasing to customers. Water should be clear, colorless and free from objectionable tastes and odors. Water should not stain plumbing fixtures, clothes or piping.
9. Lime equipment at both water plants needs to be replaced. Chlorination equipment at the Main St. plant needs to be replaced. These items must be installed so that the plants provide adequate chemical treatment.
10. There are several backflow prevention devices that are due for annual inspection. Please ensure that all devices are tested and forward a copy of these test reports with your response.
11. Fireflow records were not available at time of inspection. Fire hydrants must be tested every three years. These records must include time and date of the test, flow test in gallons per minute, static and residual pressures.
12. Valve operation program must be established. Schedules for valve operation must be set and followed. Valve operation must be documented.
13. Flushing takes place on complaint basis. Regular flushing points need to be established. These points must be recorded, flushed routinely and documented as scheduled.

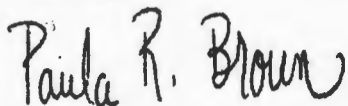
14. Contact information in the emergency plan needs to be updated.

15. The Town of Timmons ville must make sure there is adequate staff to properly operate and maintain the water system. There must be enough staff to perform daily operation and preventative maintenance and react in emergency situations such as line breaks.

16. Please get a copy of the sample site plant and keep with Procedures Manual.

Please call me at (843)661-4825 if you have any questions.

Sincerely,



Paula R. Brown  
Environmental Health Manager  
Florence EQC

Cc: Buck Graham CPM, BEHS  
Ted Ambrose, BEHS  
Leigh Plummer, BEHS  
Karen Ramos, Drinking Water Enforcement Section  
Bureau of Water  
File



## SCDHEC

## Public Water System Inventory Report Form

## Bureau of Water

Site Name: TIMMONSVILLE TOWN OF  
System Number: 2110005  
Fax Number: (843)346-7965

(A)dd, (M)odify, (R)enum, (D)elete:

Reason:

Today's Date:

Survey  
3-19-13

## DW Mailing Address:

Owner: TIMMONSVILLE TOWN OF  
Attn: DARRICK JACKSON, MAYOR  
PO BOX 447  
TIMMONSVILLE, SC 29161-0447

Owner Business Telephone: (843)346-7942  
Owner Emergency Telephone: (843)887-0861

## Site Info Address:

PO BOX 447  
TIMMONSVILLE, SC 29161-0447

\*Contact: DEW, DAVID M  
\*Phone: (843)617-4191  
\*email: DAVIDDEW25@YAHOO.COM  
DW Mail Attention: DARRICK JACKSON  
DW Contact Telephone: (843)621-0504

## System Characteristics

System Type. . . . C	Inact Code. . . . .	Service Area. . . . R1	Season On (mo/day). . . . 01/01
Owner Type. . . . LOCAL	Inact Date (mo/yr). . . .	Counties Served: . . . .	Season Off (mo/day). . . . 12/31
	Begin Date (mo/yr). . . 06/1977	21	

## Statistical Information

## Source Use Information:

Percent Surface Water. . . . . 0  
Percent Ground Water. . . . . 100  
Percent Purchased Surface Water. . . . 0  
Percent Purchased Ground Water. . . . 0

Total must equal 100%

Number of Surface Water Sources. . . 0  
Number of Ground Water Sources. . . 4  
Purchased Surface Water Sources. . . 0  
Number of Permanent SW Sources. . . 0  
Number of Emergency SW Sources. . . 0  
Number of Permanent GW Sources. . . 2  
Number of Emergency GW Sources. . . 1

## Service Population:

Population. . . . . 2,225  
Secondary Population. . . . . 0

## Number of Service Connections:

Residential. . . . . 899  
Non Residential. . . . . 118  
Maximum Allowable. . . . . 0  
Permitted. . . . . 0  
Total. . . . . 1017

## Production (MGD):

Average. . . . . 0.5245  
Maximum Day. . . . . .7823

## Capacity:

Total. . . . . .6048  
Emergency. . . . . 0.5000

## Storage:

Elevated (MG). . . . . 0.900  
Ground (MG). . . . . 0.000  
Pressure (TG). . . . . 0.000

## Comments

\* Add/change contact name, address, phone and email info here. This information can be found in EFIS/Permits/Relations/type DW Contact.

Signature:

Paula F. Baker

**SCDHEC****Bureau of Water****Public Water System Source/Plant Inventory Report**

Site Name: TIMMONSVILLE TOWN OF

System Number: 2110005

Source ID: G21423

(A)dd, (M)odify, (R)enum, (D)elete: ☐

Reason:

Today's Date: 3-19-13

**General Information**

Location ..... Hwy 403  
Source Name ..... WELL Four - Hwy 403  
Receiving Plant ..... HWY 403  
Plant ID ..... B21013

Availability Code ..... P  
Latitude ..... 34.10446210  
Longitude ..... -79.95686820  
Source Code ..... G

**Ground Water Source Information****Well Characteristics**

Depth (ft) ..... 518  
Type ..... 3  
Casing Diameter (in) ..... 10  
Casing Type ..... S  
Under the Direct Influence of SW? .. N

**Well Pump Characteristics**

Horsepower ..... 100.00  
Type ..... S  
Design Yield (gpm) ..... 603.00  
Test Yield (gpm) ..... 800.00  
Avg. Daily Production (TGD) .. 311.90  
Regulated Capacity (TGD) ... 518.00

860.00  
424.27  
768.00

**Treatment Codes**

N9970

**Comments**Signature: Paula Bran

**SCDHEC**  
**Bureau of Water**

**Public Water System Source/Plant Inventory Report**

Site Name: TIMMONSVILLE TOWN OF

System Number: 2110005

Source ID: G21119

(A)dd, (M)odify, (R)enum, (D)elete: ☒

Reason: *Survey*

Today's Date: *3-19-13*

**General Information**

Location . . . . . WATER PLANT  
Source Name . . . . . WELL ONE - Water Plant  
Receiving Plant . . . . . MAIN ST  
Plant ID . . . . . B21012

Availability Code . . . . . S  
Latitude . . . . . 34.13611450  
Longitude . . . . . - 79.93932960  
Source Code . . . . . G

**Ground Water Source Information**

**Well Characteristics**

Depth (ft) . . . . . 480  
Type . . . . . 3  
Casing Diameter (in) . . . . . 8  
Casing Type . . . . . S  
Under the Direct Influence of SW? . . . . . N

**Well Pump Characteristics**

Horsepower . . . . . 30.00  
Type . . . . . S  
Design Yield (gpm) . . . . . 0.00  
Test Yield (gpm) . . . . . 325.00  
Avg. Daily Production (TGD) . . . . . 0.00  
Regulated Capacity (TGD) . . . . . 312.00

**Treatment Codes**

N9970

**Comments**

Not able to use at this time. mec 05/02/08  
Work underway to place online. mec 02/05/08

Signature: *Paula Brown*

## SCDHEC

## Bureau of Water

## Public Water System Source/Plant Inventory Report

Site Name: TIMMONSVILLE TOWN OF

System Number: 2110005

Source ID: G21120

(A)dd, (M)odify, (R)enum, (D)elete: ☐Reason: *caly*Today's Date: *3-19-13*

## General Information

Location ..... RESCUE SQUAD  
Source Name ..... WELL TWO - Rescue Squad  
Receiving Plant ... MAIN ST  
Plant ID ..... B21012

Availability Code ..... P  
Latitude ..... 34.13717740  
Longitude ..... -79.93841350  
Source Code ..... G

## Ground Water Source Information

Well Characteristics

Depth (ft) ..... 486  
Type ..... 3  
Casing Diameter (in) ..... 10  
Casing Type ..... S  
Under the Direct Influence of SW? .. N

Well Pump Characteristics

Horsepower ..... 30.00  
Type ..... T  
Design Yield (gpm) ..... 0.00  
Test Yield (gpm) ..... 420.00 *300.00*  
Avg. Daily Production (TGD) .. *298.85* *187.74*  
Regulated Capacity (TGD) ... *403.20* *288.00*

## Treatment Codes

N9970

## Comments

Signature: *Faule Blen*



**SCDHEC**  
**Bureau of Water**

**Public Water System Source/Plant Inventory Report**

Site Name: TIMMONSVILLE TOWN OF  
System Number: 2110005  
Source ID: G21121

(A)dd, (M)odify, (R)enum, (D)elele: ☐

Reason: *Source*

Today's Date: *3-14-13*

**General Information**

Location ..... WATER PLANT STANDBY  
Source Name ..... WELL THREE - Water Plant Standby  
Receiving Plant ... MAIN ST  
Plant ID ..... B21012

Availability Code ..... E  
Latitude ..... 34.13719280  
Longitude ..... - 79.93836920  
Source Code ..... G

**Ground Water Source Information**

**Well Characteristics**

Depth (ft) ..... 260  
Type ..... 3  
Casing Diameter (in) ..... 0  
Casing Type ..... S  
Under the Direct Influence of SW? .. N

**Well Pump Characteristics**

Horsepower ..... 0.00  
Type ..... S  
Design Yield (gpm) ..... 250.00  
Test Yield (gpm) ..... 0.00  
Avg. Daily Production (TGD) .. 0.00  
Regulated Capacity (TGD) ... 240.00

**Treatment Codes**

N9970

**Comments**

Signature: *Paula Bicer*

**SCDHEC**  
**Bureau of Water**

**Public Water System Source/Plant Inventory Report**

Site Name: TIMMONSVILLE TOWN OF  
System Number: 2110005  
Source ID: W21001

(A)dd, (M)odify, (R)enum, (D)etele: ☐

Reason:

Today's Date:

Survey

3-19-13

**General Information**

Location . . . . . NONE  
Source Name . . . . . Purchased Ground Water  
Receiving Plant . . . N/A  
Plant ID . . . . . N/A

Availability Code . . . . . E  
Latitude . . . . .  
Longitude . . . . .  
Source Code . . . . . W

**Purchased Source Information**

System Number Metered From . . . . 2110001  
System Name Metered From . . . . . FLORENCE CITY OF

Average Use (MGD) . . . . . 0013 . 0340  
Total Capacity (MGD) . . . . . 5  
Number of Meters . . . . . 2

**Treatment Codes**

**Comments**

2 Connections- Center Rd at I-95 (Honda)  
- Hwy 403 at I-95

Signature:

*Twila Brer*

Public Water System Sanitary Survey Report  
Ground Water Systems

Site name: TIMMONSVILLE TOWN OF

System number: 2110005

Last Survey: 02/09/2011

Survey Date: 3.19.13

Type Inspection/Visit GW FOLLOW UP Routine Operator/Owner present? Y

Overall Rating U

## Source:

1. \*Protection from Contam S
2. Quantity S
3. Security S
4. Wellhead Piping S

## Pumps, Pump Facilities &amp; Controls:

25. \*Reliable Capacity S
26. Operation & Control S
27. Pumps S
28. Flow Measuring Device S

45. Dist. Group (I - V) III

46. Distribution Operator Grade

A. 1

B.

C.

D. -2

T.

G.

## Water Treatment:

5. \*Chemical Feed S
6. Chemical Storage & Hand S
7. Chemical Injection Points S
8. Filtration S U
9. Equipment Maintenance S U

## Monitoring, Reporting &amp; Data Verification:

29. \*Monitoring/Record Keeping S I
30. Testing Equipment S
31. Sample Siting Plan S I

## Other Requirements:

47. Drought Response Plan N

48. Source Water Protection Plan

49. Are all services metered? Y

Percent metered 100

50. Field Tests (Location or address)

N

## Distribution:

10. \*Water Quality S U
11. Adequate Pressure S
12. Disinfectant Residual S
13. Cross Connection Control S U
14. Fire Flow S U
15. Valve/Hydrant Maintenance S U
16. Flushing Program S I
17. Leak Detection and Repair U
18. Water Audit N
19. System Map S

## System Management &amp; Operation:

32. \*Corrections from Previous Survey U
33. Emergency Plan S I
34. Plant Security S
35. Facility Maintenance S U
36. Supplies/Spare Parts Inv S I
37. Waste Disposal S
38. Procedures Manual S
39. Stand-by Power S
40. Is system presently under order? Y
- If Yes, is system complying w/order? N

## Operator Certification:

41. \*Certified Operator S
42. Staffing I
43. System Group (I - V) III
44. Treatment Operator Grade

A. 1

B.

C. 2

D.

T.

Chlorine	
pH	
Pressure	
Flow	
Other (Specify)	
Other Result	

51. Samples Taken

Bacteriological	
Inorganic	
Organic	
Radiological	
Other	

52. Follow up scheduled? N

Date scheduled

\*Items with an asterisk are significant deficiency items.

This form represents neither a final approval of the water system, nor an approval to operate the system.

**SCDHEC**

**Bureau of Water**

**Public Water System Sanitary Survey Report  
Ground Water Systems**

Site name: TIMMONSVILLE TOWN OF

System number: 2110005

Last Survey: 02/09/2011

Survey Date: 3/19/13

Comments

  
DHEC Representative

System Representative

Title





Catherine B. Templeton, Director

*Promoting and protecting the health of the public and the environment*

October 25, 2013

The Honorable Darrick Jackson, Mayor  
Town of Timmonsville  
PO Box 447  
Timmonsville, SC 29161

Re: Water System Sanitary Survey  
Town of Timmonsville  
DHEC system # 2110005

Dear Mayor Jackson:

This letter is to confirm the findings of the September 12, 2013 inspection of the Town of Timmonsville water system. Thanks to Mitchell Dew and Mary Bynes for their cooperation and assistance during my visit.

When evaluated according to the State Primary Drinking Water Regulations (SPDWR), the Town of Timmonsville's rating is "Unsatisfactory". Please note that the town is under **Consent Order 11-011-DW** executed on March 10, 2011 that includes the Corrective Action Plan submitted by Weaver Engineering on behalf of the town and approved by the Department on May 11, 2011. Please note that all scheduled implementation dates in the CAP are an enforceable part of Consent Order 11-011-DW. Several of the schedules set forth in the CAP have not been met. Your CAP must be updated and submitted to this office and Bureau of Water Drinking Water Enforcement for review.

Following are the issues that are addressed in the CAP. Please provide an update for each item within fifteen (15) days.

1. On the day of the inspection, there was a large hole in the roof of the clearwell. This was temporarily patched that day and repaired by September 20, 2013. The clearwell was scheduled to be replaced by August 16, 2012 according to the CAP. This has not been completed. Please have water system personnel keep a close check on the clearwell to ensure it is protected from potential contamination.
2. A washout inspection is recommended for the Honda and Cale Yarborough tanks. According to the CAP, these were to be completed by November 1, 2011 but have not been done. Please include a date of when this will be done in your response.
3. The Main Street tank needs an interior and exterior rehabilitation. A grant application has been made to provide funds for this work. This work is scheduled to be completed by August 2013 according to the CAP, but has not been completed.

A water audit needs to be completed on your system. Once the audit has been completed, information from the audit must be used to make improvements to your system. Free audit software can be found at <http://tinyurl.com/auditsoftware>.



5. Water meters that need to be replaced has been identified through a work order list. Please begin replacing these meters.

The following are additional items that require attention. Please provide this office with a written response within 15 days of receipt of this letter outlining the town's plan for addressing the items listed below.

6. Please complete review of inactive account list to identify accounts that may have become active.
7. The filters at both the 403 and Main St water plants are not operating properly. There are valves and gauges that need to be repaired or replaced. The media in the filters at both plants need to be replaced. The filters must be operated and maintained so that they provide adequate treatment.
8. There have been numerous complaints received from customers regarding water quality within the last six months. Most customers are complaining about discolored water and odor in the water. It is important that water be aesthetically pleasing to customers. Water should be clear, colorless and free from objectionable tastes and odors. Water should not stain plumbing fixtures, clothes or piping.
9. pH levels in the town's drinking water have been running less than the lower end of recommended range of 6.5 s.u. Lower pH levels will cause the water to be corrosive and result in leaching of metals (iron, copper and lead) from piping within the distribution system. Lime feed equipment needs to be adjusted to keep pH levels within the 6.5 s.u. to 8.5s.u. range.
10. A side-by-side pH reading was done which compared the town's pH meter reading with my pH meter reading. The town's meter read 9.10 s.u., while my pH meter read 6.74 s.u. According to information provided by the town, a new pH meter has been ordered. Please contact me when this meter arrives so that we may conduct another side-by-side test to check accuracy of the meter.
11. There are several backflow prevention devices that were due for annual inspection in March of 2013. Please ensure that all devices are tested and forward a copy of these test reports with your response.
12. Fireflow records were not available at time of inspection. Fire hydrants must be tested every three years. These records must include time and date of the test, flow test in gallons per minute, static and residual pressures.
13. Valve operation program must be established. Schedules for valve operation must be set and followed. Valve operation must be documented. There are a number of valves that have been located but can't be accessed. Please begin working on these issues.
14. Flushing takes place on complaint basis. Regular flushing points need to be established. These points must be recorded, flushed routinely and documented as scheduled.
15. Contact information in the emergency plan needs to be updated.
16. The Town of Timmonsville must make sure there is adequate staff to properly operate and maintain the water system. There must be enough staff to perform daily operation and preventative maintenance and react in emergency situations such as line breaks.
17. Please get a copy of the sample site plant and keep with Procedures Manual.
18. Elevated storage tanks are due for their annual inspection.

Please call me at (843)661-4825 if you have any questions.

Sincerely,

*Paula R. Brown*

Paula R. Brown  
Environmental Health Manager  
Florence EQC

Cc: Buck Graham, BEHS Pee Dee - Florence  
Leigh Plummer, BEHS Pee Dee - Florence  
Karen Ramos, Drinking Water Enforcement Section  
Bureau of Water  
File

**Bureau of Water****Public Water System Inventory Report Form**

Site Name: TIMMONSVILLE TOWN OF  
System Number: 2110005  
Fax Number: (843)346-7965

(A)dd, (M)odify, (R)enum, (D)elete: ☐

Reason: Follow Up

Today's Date: 9-12-13

**DW Mailing Address:**

Owner: TIMMONSVILLE TOWN OF  
Attn: DARRICK JACKSON, MAYOR  
PO BOX 447  
TIMMONSVILLE, SC 29161-0447

Owner Business Telephone: (843)346-7942  
Owner Emergency Telephone: (843)887-0861

**Site Info Address:**

PO BOX 447  
TIMMONSVILLE, SC 29161-0447

\*Contact: DEW, DAVID M  
\*Phone: (843)817-4191  
\*email: DAVIDDEW25@YAHOO.COM  
DW Mail Attention: DARRICK JACKSON  
DW Contact Telephone: (843)621-0504

**System Characteristics**

System Type. . . . C	Inact Code. . . . .	Service Area. . . . R1	Season On (mo/day). . . . 01/01
	Inact Date (mo/yr). . .	Counties Served:	Season Off (mo/day). . . . 12/31
Owner Type. . . . LOCAL	Begin Date (mo/yr). . . 06/1977	21	

**Statistical Information****Source Use Information:**

Percent Surface Water. . . . . 0  
Percent Ground Water. . . . . 100  
Percent Purchased Surface Water. . . 0  
Percent Purchased Ground Water. . . 0

Total must equal 100%

Number of Surface Water Sources. . . 0  
Number of Ground Water Sources. . . 4  
Purchased Surface Water Sources. . . 0  
Number of Permanent SW Sources. . . 0  
Number of Emergency SW Sources. . . 0  
Number of Permanent GW Sources. . . 2  
Number of Emergency GW Sources. . . 1

**Service Population:**

Population. . . . . 2,221  
Secondary Population. . . . . 0

**Number of Service Connections:**

Residential. . . . .	899	> Total ... 1007
Non Residential. . . . .	108	
Maximum Allowable. . . . .	0	
Permitted. . . . .	0	

**Production (MGD):**

Average. . . . .	<del>0.7424</del>	0.914171
Maximum Day. . . . .	<del>.7828</del>	1.37125

**Capacity:**

Total. . . . .	.6048
Emergency. . . . .	0.5000

**Storage:**

Elevated (MG). . . . .	0.900
Ground (MG). . . . .	0.000
Pressure (TG). . . . .	0.000

**Comments**

\* Add/change contact name, address, phone and email info here. This information can be found in EFIS/Permits/Relations/type DW Contact.

Signature: Paula Brown



**CDHEC****Bureau of Water****Public Water System Source/Plant Inventory Report**

Site Name: TIMMONSVILLE TOWN OF

System Number: 2110005

Source ID: G21423

(A)dd, (M)odify, (R)enum, (D)elate: ☐

Reason:

Today's Date:

Survey  
9-12-13**General Information**

Location ..... Hwy 403  
Source Name ..... WELL Four - Hwy 403  
Receiving Plant .... HWY 403  
Plant ID ..... B21013

Availability Code ..... P  
Latitude ..... 34.10446210  
Longitude ..... -79.95688820  
Source Code ..... G

**Ground Water Source Information****Well Characteristics**

Depth (ft) ..... 518  
Type ..... 3  
Casing Diameter (in) ..... 10  
Casing Type ..... S  
Under the Direct Influence of SW? .. N

**Well Pump Characteristics**

Horsepower ..... 100.00  
Type ..... S  
Design Yield (gpm) ..... 803.00  
Test Yield (gpm) ..... 800.00  
Avg. Daily Production (TGD) .. ~~424.27~~ 544.83  
Regulated Capacity (TGD) ... 768.00

**Treatment Codes**

N9970

**Comments**Signature: Paula Byer



## Public Water System Source/Plant Inventory Report

Site Name: TIMMONSVILLE TOWN OF  
System Number: 2110005  
Source ID: G21119

(A)dd, (M)odify, (R)enum, (D)elete: ☐  
Reason: survey  
Today's Date: 9-12-13

### General Information

Location ..... WATER PLANT  
Source Name ..... WELL ONE - Water Plant  
Receiving Plant .... MAIN ST  
Plant ID ..... B21012

Availability Code ..... S  
Latitude ..... 34.13811450  
Longitude ..... - 79.93932960  
Source Code ..... G

### Ground Water Source Information

#### Well Characteristics

Depth (ft) ..... 480  
Type ..... 3  
Casing Diameter (in) ..... 8  
Casing Type ..... S  
Under the Direct Influence of SW? .. N

#### Well Pump Characteristics

Horsepower ..... 30.00  
Type ..... S  
Design Yield (gpm) ..... 0.00  
Test Yield (gpm) ..... 325.00  
Avg. Daily Production (TGD) .. 0.00  
Regulated Capacity (TGD) ... 312.00

### Treatment Codes

N9970

### Comments

Not able to use at this time. mec 05/02/08  
Work underway to place online. mec 02/05/08

Signature: \_\_\_\_\_

Rebecca Breen



**SCDHEC**  
**Bureau of Water**

**Public Water System Source/Plant Inventory Report**

Site Name: TIMMONSVILLE TOWN OF  
System Number: 2110005  
Source ID: G21120

(A)dd, (M)odify, (R)enum, (D)elete: ☐

Reason:

Today's Date:

*Survey*

*9-12-13*

**General Information**

Location ..... RESCUE SQUAD  
Source Name ..... WELL TWO - Rescue Squad  
Receiving Plant .... MAIN ST  
Plant ID ..... B21012

Availability Code ..... P  
Latitude ..... 34.13717740  
Longitude ..... -79.93841350  
Source Code ..... G

**Ground Water Source Information**

**Well Characteristics**

Depth (ft) ..... 486  
Type ..... 3  
Casing Diameter (in) ..... 10  
Casing Type ..... S  
Under the Direct Influence of SW? .. N

**Well Pump Characteristics**

Horsepower ..... 30.00  
Type ..... T  
Design Yield (gpm) ..... 0.00  
Test Yield (gpm) ..... 300.00  
Avg. Daily Production (TGD) .. *187.74*  
Regulated Capacity (TGD) ... 288.00

*296.46*

**Treatment Codes**

N9970

**Comments**

Signature: \_\_\_\_\_

*Tavelle Brown*

**Bureau of Water****Public Water System Source/Plant Inventory Report**

Site Name: TIMMONSVILLE TOWN OF  
System Number: 2110005  
Source ID: G21121

(A)dd, (M)odify, (R)enum, (D)lete: ☐

Reason: Survey

Today's Date: 9-12-73

**General Information**

Location ..... WATER PLANT STANDBY  
Source Name ..... WELL THREE - Water Plant Standby  
Receiving Plant .... MAIN ST  
Plant ID ..... B21012

Availability Code ..... E  
Latitude ..... 34.13719280  
Longitude ..... -79.93836920  
Source Code ..... G

**Ground Water Source Information****Well Characteristics**

Depth (ft) ..... 260  
Type ..... 3  
Casing Diameter (in) ..... 0  
Casing Type ..... S  
Under the Direct Influence of SW? .. N

**Well Pump Characteristics**

Horsepower ..... 0.00  
Type ..... S  
Design Yield (gpm) ..... 250.00  
Test Yield (gpm) ..... 0.00  
Avg. Daily Production (TGD) .. 0.00  
Regulated Capacity (TGD) ... 240.00

**Treatment Codes**

N9970

**Comments**

Signature: Paula Brer





**SCDHEC**  
**Bureau of Water**

**Public Water System Source/Plant Inventory Report**

Site Name: TIMMONSVILLE TOWN OF  
System Number: 2110005  
Source ID: W21001

(A)dd, (M)odify, (R)enum, (D)elete: ☐

Reason: Survey

Today's Date: 1-12-2013

**General Information**

Location ..... NONE  
Source Name ..... Purchased Ground Water  
Receiving Plant ..... N/A  
Plant ID ..... N/A

Availability Code ..... E  
Latitude .....  
Longitude .....  
Source Code ..... W

**Purchased Source Information**

System Number Metered From .... 2110001  
System Name Metered From ..... FLORENCE CITY OF

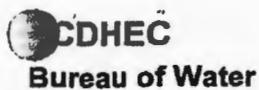
Average Use (MGD) ..... .034 .0228  
Total Capacity (MGD) ..... .5  
Number of Meters ..... 2

**Treatment Codes**

**Comments**

2 Connections- Center Rd at I-95 (Honda)  
- Hwy 403 at I-95

Signature: Paula Blair



## Public Water System Source/Plant Inventory Report

Site Name: TIMMONSVILLE TOWN OF  
System Number: 2110005  
Source ID: B21012

(A)dd, (M)odify, (R)enum, (D)ele: ☐  
Reason: Survey  
Today's Date: 9-12-13

### Plant Source Information

Plant Name ..... MAIN ST  
Plant Phone .....  
Plant Type ..... B  
Available Code ... P

Average Production (MGD) .... 0.2958  
Total Capacity (MGD) ..... 0.6048  
Emergency Capacity (MGD) ... 0.0000

0.2964

### Geographical Address

### Treatment Codes

C4450, C4470, C7402, D4010, D4030, F1430, F3440

### Comments

Signature: Raven Brer



## Public Water System Source/Plant Inventory Report

### Bureau of Water

Site Name: TIMMONSVILLE TOWN OF  
System Number: 2110005  
Source ID: B21013

(A)dd, (M)odify, (R)enum, (D)elete: ☐

Reason: survey

Today's Date: 9-12-13

#### Plant Source Information

Plant Name ..... HWY 403  
Plant Phone .....  
Plant Type ..... B  
Available Code ... P

Average Production (MGD) .... ~~0.3119~~ 0.5948  
Total Capacity (MGD) ..... 0.8640  
Emergency Capacity (MGD) ... 0.0000

#### Geographical Address

#### Treatment Codes

C4450, C4470, C7402, C7412, D4010, D4030, F1430, F3440

#### Comments

Signature: \_\_\_\_\_

**Public Water System Sanitary Survey Report**  
**Ground Water Systems**

Site name: TIMMONSVILLE TOWN OF

System number: 2110005

Last Survey: 03/19/2013

Survey Date: 9/12/13

Type Inspection/Visit GW ROUTINE

Operator/Owner present? Y

Overall Rating

U

**Source:**

- 1. \*Protection from Contam S
- 2. Quantity S
- 3. Security S
- 4. Wellhead Piping S

**Water Treatment:**

- 5. \*Chemical Feed S
- 6. Chemical Storage & Hand S
- 7. Chemical Injection Points S
- 8. Filtration U
- 9. Equipment Maintenance U

**Distribution:**

- 10. \*Water Quality U
- 11. Adequate Pressure S
- 12. Disinfectant Residual S
- 13. Cross Connection Control U
- 14. Fire Flow U
- 15. Valve/Hydrant Maintenance U
- 16. Flushing Program I
- 17. Leak Detection and Repair U
- 18. Water Audit N
- 19. System Map S

**Storage:**

- 20. \*Protection from Contam I
- 21. Capacity S
- 22. Security S
- 23. Appurtenances S
- 24. Maintenance I

**Pumps, Pump Facilities & Controls:**

- 25. \*Reliable Capacity S
- 26. Operation & Control S
- 27. Pumps S
- 28. Flow Measuring Device S

**Monitoring, Reporting & Data Verification:**

- 29. \*Monitoring/Record Keeping I
- 30. Testing Equipment S
- 31. Sample Siting Plan I

**System Management & Operation:**

- 32. \*Corrections from Previous Survey U
- 33. Emergency Plan I
- 34. Plant Security S
- 35. Facility Maintenance U
- 36. Supplies/Spare Parts Inv I
- 37. Waste Disposal S
- 38. Procedures Manual S
- 39. Stand-by Power S
- 40. Is system presently under order? Y
- If Yes, is system complying w/order? N

**Operator Certification:**

- 41. \*Certified Operator S
- 42. Staffing I
- 43. System Group (I - V) III
- 44. Treatment Operator Grade

A.  
B.  
C.  
D.  
T.

45. Dist. Group (I - V) III

46. Distribution Operator Grade

A.  
B.  
C.  
D.  
T.  
G.

1 ✓

**Other Requirements:**

- 47. Drought Response Plan N
- 48. Source Water Protection Plan
- 49. Are all services metered? Y
- Percent metered 100

50. Field Tests (Location or address)  
N

Chlorine	
pH	
Pressure	
Flow	
Other (Specify)	
Other Result	

51. Samples Taken

Bacteriological	
Inorganic	
Organic	
Radiological	
Other	

52. Follow up scheduled?  
Date scheduled

N

\*Items with an asterisk are significant deficiency items.

This form represents neither a final approval of the water system, nor an approval to operate the system.





**Bureau of Water**

**Public Water System Sanitary Survey Report  
Ground Water Systems**

Site name: TIMMONSVILLE TOWN OF

System number: 2110005

Last Survey: 03/19/2013

Survey Date: 9/12/13

---

Comments

*Paula Blair*

DHEC Representative

System Representative

Title

**APPENDIX B**  
**DETAILED SCHEDULE OF IMPROVEMENTS**

## Town of Timmonsville Public Water System

Project Milestones	Honda Way Interconnection (Phase I) and Honda Booster PS (Phase II & III)						Florence Timmons ville Highway 76 Interconnection				Highway 76 Booster PS				403 WTP Rehabilitation		Meter Replacement		Honda Way Elevated Tank		Hwy 403 Elevated Tank		Church Elevated Tank		Hwy 403 WTP Well	
	Phase I Distribution Connection to Tank Site		Phase II Prepurchase Booster PS Equipment		Phase III Installation of Booster Pump Station		Phase I (EDA)		Phase II (CDBG)		Phase I Prepurchase Booster PS Equipment		Phase II Installation of Booster Pump Station													
	Days	Date	Days	Date	Days	Date	Days	Date	Days	Date	Days	Date	Days	Date	Days	Date	Days	Date	Days	Date	Days	Date	Days	Date	Days	Date
Grant Award Date		09/25/13		09/25/13		09/25/13		09/25/13		07/08/13		09/25/13		09/25/13		07/08/13		09/25/13		09/25/13		09/25/13		09/25/13		09/25/13
Property Acquisition by City					78	12/12/13					114	01/17/14	114	01/17/14												
Begin Engineering Design	-30	08/26/13	-19	09/06/13	-19	09/06/13	0	09/25/13	126	11/11/13	-58	11/20/13	-58	11/20/13	191	01/15/14	131	02/03/14	614	06/01/15	614	06/01/15	614	06/01/15	112	01/15/14
Preliminary Layout to DOT - Utility Sketch							-300	11/29/12	14	11/25/13																
Permit Submittal					47	10/23/13	362	11/26/13	24	12/19/13			78	02/06/14												
Permit Approval					9	11/01/13	19	12/15/13	35	01/23/14			14	02/20/14												
Submit Bid Package to Funding Agency	86	11/20/13	75	11/20/13	19	11/20/13	-25	11/20/13	1	01/24/14			4	02/24/14	147	06/11/14	28	03/03/14	30	07/01/15	30	07/01/15	30	07/01/15	147	06/11/14
Receive Approval from Funding Agency to Advertise						12/04/13	20	12/10/13	6	01/30/14			14	03/10/14	6	06/17/14			14	07/15/15	14	07/15/15	14	07/15/15	6	06/17/14
Solicit Proposals / Advertise for Bids	11	09/06/13	24	09/30/13	0	12/04/13	5	12/15/13	4	02/03/14	-26	12/16/13	7	03/17/14	2	06/19/14	7	03/10/14	20	08/04/15	20	08/04/15	20	08/04/15	2	06/19/14
Received Proposals / Bids	13	09/19/13	23	10/23/13	35	01/08/14	32	01/16/14	36	03/11/14	31	01/16/14	31	04/17/14	33	07/22/14	31	04/10/14	37	09/10/15	37	09/10/15	37	09/10/15	33	07/22/14
Receive Approval to Award Contracts					7	01/15/14	14	01/30/14	14	03/25/14	7	01/23/14	14	05/01/14	14	08/05/14			14	09/24/15	14	09/24/15	14	09/24/15	14	08/05/14
Award Contracts	4	09/23/13	13	11/05/13	22	02/06/14	31	03/02/14	21	04/15/14	7	01/30/14	14	05/15/14	21	08/26/14	7	04/17/14	19	10/13/15	19	10/13/15	19	10/13/15	21	08/26/14
Pre-Construction Conference					7	02/13/14	15	03/17/14	3	04/18/14			14	05/29/14	3	08/29/14	7	04/24/14	7	10/20/15	7	10/20/15	7	10/20/15	3	08/29/14
Begin Construction	0	09/23/13	100	02/13/14	0	02/13/14	15	04/01/14	7	04/25/14	123	06/02/14	4	06/02/14	8	09/06/14	13	04/30/14	0	10/20/15	0	10/20/15	0	10/20/15	8	09/06/14
Finish Construction	25	10/18/13	89	05/13/14	89	05/13/14	120	07/30/14	120	08/23/14	92	09/02/14	92	09/02/14	180	03/05/15	107	08/15/14	87	01/15/16	87	01/15/16	87	01/15/16	180	03/05/15
Start-Up and Testing for 403 WTP														7	03/12/15										7	03/12/15
30 Day Operational Period for 403 WTP														30	04/11/15										30	04/11/15
45 Day Commerce Close Out Period									45	10/07/14				45	05/26/15										45	05/26/15



Federal

Infrastructure

Industrial & Commercial

Power

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**Greenville**

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FAX (864) 609-9069

**Charleston**

4016 Salt Pointe Parkway,  
Suite 200  
North Charleston, SC  
29405-8419  
(843) 767-4602  
FAX (843) 767-4723

**Florence**

425 South Cashua Drive,  
Suite A  
Florence, SC 29501  
(843) 665-9166  
FAX (843) 665-9167



### **Section 3**

The City submitted official DMRs for the following months during the third quarter: May, June, and July, 2014, by the 28<sup>th</sup> day of the following subsequent month.



DEPARTMENT OF PUBLIC WORKS AND UTILITIES

TEL: (843) 665-3236

FAX: (843) 665-3200

June 18, 2014

Mrs. Suzanne K. Armor  
Associate Regional Counsel  
United States Environmental Protection Agency  
Office of Environmental Accountability  
Office of Water Legal Support  
61 Forsyth Street, S.W.  
Atlanta, Georgia 30303

David Phillips, P.E.  
Enforcement Officer  
EPA Region 4  
61 Forsyth Street, S.W.  
Atlanta, Georgia 30303

Glenn Trofatter  
SCDHEC  
2600 Bull Street  
Columbia, South Carolina 29201

Re: Town of Timmonsville POTW  
SC DHEC Permit Number SC0025356  
May, 2014 DMR

Dear Madam and Gentlemen:

In accordance with the provisions of the Consent Decree, herewith we are transmitting the May, 2014 DMR.

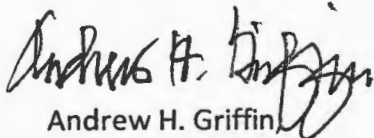
During the month of May, 2014, there were two sanitary sewer overflows (SSO). The first SSO was due to a broken manhole cover falling into the collection system and restricting sewage flow. The location of the SSO occurred at 4010 West Palmetto Street. Used a vac-truck to vacuum the manhole and removed the lid from the collection and normal flow was obtained thru the collection system. The second SSO released occurred due the discharged pipe being damaged due to vandalism. The City's police department is continuing to communicate with the Florence County Sheriff's Office to for assistance with monitoring the area surrounding the

location of the bypass pumps and discharge hoses. In both instances flow then continued to be collected and transported to the wastewater treatment plant as designed.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering such information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment of knowing violations.

We trust that you find this initial DMR meets the requirements of the NPDES Permit and the requirements of the Consent Decree. However, if some further clarification is needed, please feel free to contact me at (843) 665-3113.

Sincerely,



Andrew H. Griffin  
City Manager

Attachments

Copy: David Phillips, P.E., US EPA Enforcement Officer  
Glenn Trofatter, SC DHEC  
Michael Hemingway, Utilities Director  
Forrest Whittington, City Engineer



PERMITTEE NAME/ADDRESS

NAME FLORENCE CITY OF  
ADDRESS 324 W EVANS ST  
FLORENCE, SC 29501-0324

FACILITY FLORENCE CITY OF/TIMMONSVILLE WWTP  
LOCATION 706 S HILL ST

NATIONAL POLLUTANT DISCHARGE MINIMIZATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

SC0025356

PERMIT NUMBER

0011

DISCHARGE NUMBER

MAJOR

41 PD FINAL LIMITS

DMR VALID: 08/01/2008 - 08/31/2008

NOTE: Read Instructions before completing this form

FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
14	05	01		14	05	31

TO

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00300 LAB ID: 21000	SAMPLE	*****	*****	*****	6.9	*****	*****		0	01/01	GR
dissolved Oxygen	MEASUREMENT	*****	*****	*****	6.0	*****	*****			01/01	GR
	PERMIT REQUIREMENT	*****	*****	*****	DAILY MN	*****	*****	MG/L			
00310 LAB ID: 21000	SAMPLE	*****	*****	*****	*****	67.2	*****		0	01/07	24
BOD - 5 Day	MEASUREMENT	*****	*****	*****	*****	*****	*****			01/07	24
(20 Degrees C)	PERMIT REQUIREMENT	*****	*****	*****	REPORT MO AVG	*****	*****	MG/L			
MLOC=G		*****	*****	*****	*****	*****	*****				
00310 LAB ID: 21000	SAMPLE	*****	*****	*****	*****	*****	*****				
BOD - 5 Day	MEASUREMENT	*****	*****	*****	*****	*****	*****				
(20 Degrees C)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
MLOC=1 YNNNNNNNNYY		*****	*****	*****	*****	*****	*****				
00310 LAB ID: 21000	SAMPLE	*****	*****	*****	*****	*****	*****				
BOD - 5 Day	MEASUREMENT	*****	*****	*****	*****	*****	*****				
(20 Degrees C)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
MLOC=1 NNNNNNNNNYY		*****	*****	*****	*****	*****	*****				
00400 LAB ID: 21000	SAMPLE	*****	*****	*****	*****	*****	*****				
pH	MEASUREMENT	*****	*****	*****	*****	*****	*****				
Standard Units	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
MLOC=1		*****	*****	*****	*****	*****	*****				
00530 LAB ID: 21000	SAMPLE	*****	*****	*****	*****	*****	*****				
Total Suspended Solids (TSS)	MEASUREMENT	*****	*****	*****	*****	*****	*****				
MLOC=1	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
00530 LAB ID: 21000	SAMPLE	*****	*****	*****	*****	*****	*****				
Total Suspended Solids (TSS)	MEASUREMENT	*****	*****	*****	*****	*****	*****				
MLOC=G	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER ANDREW H. GRIFFIN CITY MANAGER TYPED OR PRINTED	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
		AREA CODE	NUMBER	YEAR	MO	DAY
			843 665 3236	14	06	19

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



PERMITTEE NAME/ADDRESS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

NAME FLORENCE CITY OF  
ADDRESS 324 W EVANS ST  
FLORENCE, SC 29501-0324

SC0025356

0011

PERMIT NUMBER

DISCHARGE NUMBER

MAJOR

FACILITY FLORENCE CITY OF/TIMMONSVILLE WWTP  
LOCATION 706 S HILL ST

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
14	05	01	14	05	31

41 PD FINAL LIMITS  
DMR VALID: 08/01/2008 - 08/31/2008

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
0600 LAB ID: 2111	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.4	1.4		0	01/30	24
total Nitrogen as N	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT WKLY AVG	MG/L		01/30	24
LOC=1											
0610 LAB ID: 2100	SAMPLE MEASUREMENT	NOT REQUIRED	NOT REQUIRED		*****	NOT REQUIRED	NOT REQUIRED				
Ammonia-Nitrogen	PERMIT REQUIREMENT	42.0 MO AVG	63.0 WKLY AVG	LBS/DAY	*****	2.5 MO AVG	3.75 WKLY AVG	MG/L		01/07	24
total as N											
LOC=1 YNNNNNNNNYY											
0610 LAB ID: 2100	SAMPLE MEASUREMENT	2.9	5.0		*****	0.3	0.43		0	01/07	24
Ammonia-Nitrogen	PERMIT REQUIREMENT	8.0 MO AVG	12.0 WKLY AVG	LBS/DAY	*****	0.5 MO AVG	0.75 WKLY AVG	MG/L		01/07	24
total as N											
LOC=1 NNNNNNNNNNN											
0665 LAB ID: 2111	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.4	1.4		0	01/30	24
Phosphorus, Total	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT WKLY AVG	MG/L		01/30	24
LOC=1											
50050 LAB ID: 2100	SAMPLE MEASUREMENT	1.3	1.5		*****	*****	*****	*****	0	99/99	RC
Flow in Conduit or Thru Treatment Plant	PERMIT REQUIREMENT	2.0 MO AVG	2.0 WKLY AVG	MGD	*****	*****	*****	*****		99/99	RC
LOC=1											
50060 LAB ID: 2100	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.000	0.010		0	01/07	GR
Total Residual Chlorine	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011 MO AVG	0.019 DAILY MX	MG/L		01/07	GR
LOC=1											
74055 LAB ID: 2100	SAMPLE MEASUREMENT	*****	*****	*****	*****	6	37		0	01/07	GR
Fecal Coliform	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DAVGEO	400 DAILY MX	# PER 100ML		01/07	GR
General											
LOC=1											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

CITY MANAGER

TYPED OR PRINTED

I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
843	005 3230	14	06	19

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)**

PERMITTEE NAME/ADDRESS

NAME FLORENCE CITY OF  
ADDRESS 324 W EVANS ST  
FLORENCE, SC 29501-0324

FACILITY FLORENCE CITY OF/TIMMONSVILLE WWTP  
LOCATION 706 S HILL ST

**SC0025356**

PERMIT NUMBER

**0011**

DISCHARGE NUMBER

**MAJOR**

**41 PD FINAL LIMITS**

**DMR VALID: 08/01/2008 - 08/31/2008**

**NOTE: Read Instructions before completing this form**

FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
14	05	01		14	05	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
4062 verflow Use, occurrences LOC=S	LAB ID: 21001	SAMPLE MEASUREMENT	2	*****	*****	*****	*****	*****	2	01/30	CA
		PERMIT REQUIREMENT	REPORT MO TOTAL	*****	*****	*****	*****	*****		01/30	CA
4063 verflow Volume (SSO Volume, CSO Volume) LOC=S	LAB ID: 21001	SAMPLE MEASUREMENT	0.000325	*****	*****	*****	*****	*****	2	01/30	CA
		PERMIT REQUIREMENT	REPORT MO TOTAL	*****	*****	*****	*****	*****		01/30	CA
1010 COD, 5-Day Percent Removal MLOC=K	LAB ID: 21001	SAMPLE MEASUREMENT	*****	*****	91	*****	*****	*****	0	01/30	CA
		PERMIT REQUIREMENT	*****	*****	85	*****	*****	*****		01/30	CA
1011 Solids, Suspended Percent Removal MLOC=K	LAB ID: 21001	SAMPLE MEASUREMENT	*****	*****	95	*****	*****	*****	0	01/30	CA
		PERMIT REQUIREMENT	*****	*****	85	*****	*****	*****		01/30	CA
TRP3B IC25 Stat ren 7Day Chronic ceriodaphnia MLOC=P	LAB ID: _____	SAMPLE MEASUREMENT	*****	*****	N/A	*****	*****	*****		02/99	CR
		PERMIT REQUIREMENT	*****	*****	100 MINIMUM	*****	*****	*****		02/99	CR
TRP3B IC25 Stat ren 7Day Chronic ceriodaphnia MLOC=Q	LAB ID: _____	SAMPLE MEASUREMENT	*****	*****	N/A	*****	*****	*****		02/99	CR
		PERMIT REQUIREMENT	*****	*****	100 MINIMUM	*****	*****	*****		02/99	CR
TRP6C IC25 Statra 7Day Chrpimephales MLOC=P	LAB ID: _____	SAMPLE MEASUREMENT	*****	*****	N/A	*****	*****	*****		02/99	CR
		PERMIT REQUIREMENT	*****	*****	100 MINIMUM	*****	*****	*****		02/99	CR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

**CITY MANAGER**

TYPED OR PRINTED

I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

*Andrew A. Duffin*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

843 665 3236

AREA CODE

NUMBER

DATE

14 06 14

YEAR

MO

DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



PERMITTEE NAME/ADDRESS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

NAME FLORENCE CITY OF  
ADDRESS 324 W EVANS ST  
FLORENCE, SC 29501-0324

SC0025356

PERMIT NUMBER

001 Q

DISCHARGE NUMBER

MAJOR

FACILITY FLORENCE CITY OF/TIMMONSVILLE WWTP  
LOCATION 706 S HILL ST

FROM

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
17	04	01	17	06	30

TO

41 PD FINAL LIMITS  
DMR VALID: 08/01/2008 - 08/31/2008

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00978 LAB ID: 3117 Arsenic, Total Recoverable MLOC=1	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.005	0.005		0	01/90	24
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.0051 MO AVG	0.0074 DAILY MX	MG/L		01/90	24
01119 LAB ID: 3117 Copper, Total Recoverable MLOC=1	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.009	0.009		0	01/90	24
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.015 MO AVG	0.021 DAILY MX	MG/L		01/90	24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

ANDREW T. CHITTENDEN  
CITY MANAGER

TYPED OR PRINTED

I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

*Andrew T. Chittenden*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

843 665-3230

AREA CODE

NUMBER

DATE

17 06 19

YEAR

MO

DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Glenn Trofatter  
SCDHEC  
2600 Bull Street  
Columbia, SC 29201

2. Article Number  
(Transfer from service label)

7012 2210 0000 7236 4065

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

D. T. W.

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

6/25/14

3. Service Type

☐ Certified Mail☒ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

David Phillips, P.E.  
Enforcement Officer  
EPA Region 4  
61 Forsyth Street, SW  
Atlanta, GA 30303

2. Article Number  
(Transfer from service label)

7012 2210 0000 7236 4058

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

D. L. H.

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

X HODGES

6-25-14

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes





FILE

DEPARTMENT OF PUBLIC WORKS AND UTILITIES

TEL: (843) 665-3236

FAX: (843) 665-3200



July 23, 2014

Mrs. Suzanne K. Armor  
Associate Regional Counsel  
United States Environmental Protection Agency  
Office of Environmental Accountability  
Office of Water Legal Support  
61 Forsyth Street, S.W.  
Atlanta, Georgia 30303

David Phillips, P.E.  
Enforcement Officer  
EPA Region 4  
61 Forsyth Street, S.W.  
Atlanta, Georgia 30303

Glenn Trofatter  
SCDHEC  
2600 Bull Street  
Columbia, South Carolina 29201

Re: Town of Timmonsville POTW  
SC DHEC Permit Number SC0025356  
June, 2014 DMR

Dear Madam and Gentlemen:

In accordance with the provisions of the Consent Decree, herewith we are transmitting the June, 2014 DMR.

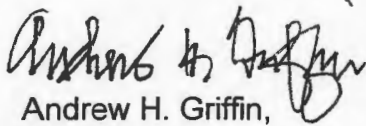
During the month of June, 2014, there were four sanitary sewer overflows (SSO). The two SSOs occurred at the Sparrow Swamp lift station due to problems with the PLC. A third SSO was caused when power was lost at the lift station and staff operated an emergency generator until electric utility reestablished electrical service. The last SSO was caused when the fuses blew inside the electrical control panel resulting in lost of power to the pumps. Staff electricians installed new fuses and returned station to normal operation.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that

qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering such information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment of knowing violations.

We trust that you find this DMR meets the requirements of the NPDES Permit and the requirements of the Consent Decree. However, if some further clarification is needed, please feel free to contact me at (843) 665-3113.

Sincerely,



Andrew H. Griffin,  
City Manager

Attachments

cc: David Phillips, P.E., US EPA Enforcement Officer  
Glenn Trofatter, SC DHEC  
Michael Hemingway, Utilities Director  
Forrest Whittington, City Engineer



MITTEE NAME/ADDRESS

NATIONAL POLLUTANT DISCHARGE INFORMATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

AME FLORENCE CITY OF  
DDRESS 324 W EVANS ST  
FLORENCE, SC 29501-0324

SC0025356

0011

PERMIT NUMBER

DISCHARGE NUMBER

MAJOR

ACILITY FLORENCE CITY OF/TIMMONSVILLE WWTP  
OCATION 706 S HILL ST

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	14	06	01		14	06	30

41 PD FINAL LIMITS  
DMR VALID: 08/01/2008 - 08/31/2008  
NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
300 LAB ID: 21001	SAMPLE MEASUREMENT	*****	*****	*****	6.1	*****	*****		0	01/01	GR
300 Dissolved Oxygen	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	*****	MG/L		01/01	GR
310 LAB ID: 21001	SAMPLE MEASUREMENT	*****	*****	*****	*****	89.3	*****		0	01/07	24
310 D - 5 Day	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	*****	MG/L		01/07	24
310 0 Degrees C)	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	*****	MG/L		01/07	24
310 LOC=G	SAMPLE MEASUREMENT	*****	*****	*****	*****	NOT REQUIRED	*****				
310 D - 5 Day	PERMIT REQUIREMENT	*****	*****	*****	*****	NOT REQUIRED	*****				
310 0 Degrees C)	PERMIT REQUIREMENT	*****	*****	*****	*****	10.0	15.0	MG/L		01/07	24
310 LOC=1 YNNNNNNNNYY	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	WKLY AVG	MG/L		01/07	24
310 LAB ID: 21001	SAMPLE MEASUREMENT	*****	*****	*****	*****	12.2	16.60		2	01/07	24
310 D - 5 Day	PERMIT REQUIREMENT	*****	*****	*****	*****	7.5	11.25	MG/L		01/07	24
310 0 Degrees C)	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	WKLY AVG	MG/L		01/07	24
310 LOC=1 NNNNNNNNNYY	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	WKLY AVG	MG/L		01/07	24
0400 LAB ID: 21001	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7.2		0	01/01	GR
0400 H	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	8.5	SU		01/01	GR
0400 Standard Units	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY MN	DAILY MX				
0400 LOC=1	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.8	6.0		0	01/07	24
0530 LAB ID: 21001	PERMIT REQUIREMENT	*****	*****	*****	*****	30.0	45.0	MG/L		01/07	24
0530 Total Suspended Solids (TSS)	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	WKLY AVG	MG/L		01/07	24
0530 LOC=1	SAMPLE MEASUREMENT	*****	*****	*****	*****	220	*****		0	01/07	24
0530 Total Suspended Solids (TSS)	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	*****	MG/L		01/07	24
0530 LOC=G	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	*****	MG/L		01/07	24

AME/TITLE PRINCIPAL EXECUTIVE OFFICER

CITY MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

843 665 3236

14 01 22

AREA CODE

NUMBER

YEAR

MO

DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We had to pump old treatment Lagoon through sand filters. Also four (4) aerators were not in service during this period; due to an electrical storm. Repairs have been made and the aerators are back in service.

1/31/2014



NATIONAL POLLUTANT DISCHARGE INFORMATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS

NAME FLORENCE CITY OF  
ADDRESS 324 W EVANS ST  
FLORENCE, SC 29501-0324

SC0025356

PERMIT NUMBER

001 1

DISCHARGE NUMBER

MAJOR

FACILITY FLORENCE CITY OF/TIMMONSVILLE WWT  
LOCATION 706 S HILL ST

FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
14	06	01		14	06	30

41 PD FINAL LIMITS

DMR VALID: 08/01/2008 - 08/31/2008

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
0600 LAB ID: 2117 Total Nitrogen as N	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.6	1.6	0	01/30	24
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT WKLY AVG		01/30	24
LOC=1										
0610 LAB ID: _____ Ammonia-Nitrogen	SAMPLE MEASUREMENT	NOT REQUIRED	NOT REQUIRED		*****					
otal as N	PERMIT REQUIREMENT	42.0 MO AVG	63.0 WKLY AVG	LBS/DAY	*****	2.5 MO AVG	3.75 WKLY AVG		01/07	24
LOC=1 YNNNNNNNNYY										
0610 LAB ID: 21001 Ammonia-Nitrogen	SAMPLE MEASUREMENT	3.6	9.1		*****	0.7	1.59	2	01/07	24
otal as N	PERMIT REQUIREMENT	8.0 MO AVG	12.0 WKLY AVG	LBS/DAY	*****	0.5 MO AVG	0.75 WKLY AVG		01/07	24
LOC=1 NNNNNNNNNYYN										
0665 LAB ID: 2117 Phosphorus, Total	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.83	0.83	0	01/30	24
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT WKLY AVG		01/30	24
LOC=1										
0050 LAB ID: 21001 Flow in Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.6	0.8		*****			0	99/99	RC
	PERMIT REQUIREMENT	2.0 MO AVG	2.0 WKLY AVG	MGD	*****				99/99	RC
LOC=1										
0060 LAB ID: 21001 Total Residual Chlorine	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.000	0.000	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011 MO AVG	0.019 DAILY MX		01/07	GR
LOC=1										
0055 LAB ID: 21001 Fecal Coliform	SAMPLE MEASUREMENT	*****	*****	*****	*****	12	40	0	01/07	GR
eneral	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DAVGEO	400 DAILY MX		01/07	GR
LOC=1										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
ANDREW H. GRIFFIN  
CITY MANAGER  
TYPED OR PRINTED

I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

*Andrew H. Griffin*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
843 665-3236		14	07	22
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We had to pump old treatment lagoon through sand filters. Also Four (4) aerators were not in service during this period, due to an electrical storm. Repairs have been made and the aerators are back in service



PERMITTEE NAME/ADDRESS

NAME FLORENCE CITY OF  
ADDRESS 324 W EVANS ST  
FLORENCE, SC 29501-0324

FACILITY FLORENCE CITY OF/TIMMONSVILLE WWTP  
LOCATION 706 S HILL ST

NATIONAL POLLUTANT DISCHARGE EXAMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

SC0025356

PERMIT NUMBER

0011

DISCHARGE NUMBER

MAJOR

41 PD FINAL LIMITS

DMR VALID: 08/01/2008 - 08/31/2008

NOTE: Read Instructions before completing this form

FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
14	06	01		14	06	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
4062 LAB ID: 21001 Overflow Use, Occurrences MLOC=S	SAMPLE MEASUREMENT	4	*****	OCCUR/ MONTH	*****	*****	*****	*****	4	01/30	CA
	PERMIT REQUIREMENT	REPORT MO TOTAL	*****		*****	*****	*****	*****		01/30	CA
4063 LAB ID: 21001 Overflow Volume (SSO Volume, CSO Volume) MLOC=S	SAMPLE MEASUREMENT	0.0096	*****	MGAL	*****	*****	*****	*****	4	01/30	CA
	PERMIT REQUIREMENT	REPORT MO TOTAL	*****		*****	*****	*****	*****		01/30	CA
81010 LAB ID: 21001 BOD, 5-Day Percent Removal MLOC=K	SAMPLE MEASUREMENT	*****	*****	*****	86	*****	*****	*****	0	01/30	CA
	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	*****		01/30	CA
81011 LAB ID: 21001 Solids, Suspended Percent Removal MLOC=K	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	*****	0	01/30	CA
	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	*****		01/30	CA
TRP3B LAB ID: _____ IC25 Stat ren 7Day Chronic ceriodaphnia MLOC=P	SAMPLE MEASUREMENT	*****	*****	*****	N/A	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	100 MINIMUM	*****	*****	*****		02/99	CR
TRP3B LAB ID: _____ IC25 Stat ren 7Day Chronic ceriodaphnia MLOC=Q	SAMPLE MEASUREMENT	*****	*****	*****	N/A	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	100 MINIMUM	*****	*****	*****		02/99	CR
TRP6C LAB ID: _____ IC25 Statre 7Day Chrpimephales MLOC=P	SAMPLE MEASUREMENT	*****	*****	*****	N/A	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	100 MINIMUM	*****	*****	*****		02/99	CR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

ANDREW T. GRIFFIN  
CITY MANAGER

TYPED OR PRINTED

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*Andrew T. Griffin*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

843 665-3236

AREA CODE

NUMBER

DATE

14 07 22

YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



PERMITTEE NAME/ADDRESS

NAME FLORENCE CITY OF  
 ADDRESS 324 W EVANS ST  
 FLORENCE, SC 29501-0324

FACILITY FLORENCE CITY OF/TIMMONSVILLE WWTP  
 LOCATION 706 S HILL ST

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

SC0025356	001 S
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

41 PD FINAL LIMITS  
 DMR VALID: 10/01/2006 - 08/31/2008  
 NOTE: Read Instructions before completing this form

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
14	01	01		14	06	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
1901 mercury Total Recoverable LOC=1	LAB ID: 2117	SAMPLE MEASUREMENT	*****	*****	*****	0.000000	0.000000		0	01/YR	GR
		PERMIT REQUIREMENT	*****	*****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		02/YR	GR
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>ANDREW H. GRIFFIN</b> CITY MANAGER TYPED OR PRINTED	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
		843 665 3236		14	07	22
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Glenn Trofatter  
SCDHEC  
2600 Bull Street  
Columbia, SC 29201

2. Article Number

(Transfer from service label)

7012 2210 0000 7236 4126

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Dow

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

7/30/14

3. Service type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

David Phillips, P.E.  
Enforcement Officer  
EPA Region 4  
61 Forsyth Street, SW  
Atlanta, GA 30303

2. Article Number

(Transfer from service label)

7012 2210 0000 7236 4119

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

THERMO

☒ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

7/31/14

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes





FILE



DEPARTMENT OF PUBLIC WORKS AND UTILITIES

TEL: (843) 665-3236  
FAX: (843) 665-3200

August 14, 2014

Mrs. Suzanne K. Armor  
Associate Regional Counsel  
United States Environmental Protection Agency  
Office of Environmental Accountability  
Office of Water Legal Support  
61 Forsyth Street, S.W.  
Atlanta, Georgia 30303

David Phillips, P.E.  
Enforcement Officer  
EPA Region 4  
61 Forsyth Street, S.W.  
Atlanta, Georgia 30303

Glenn Trofatter  
SCDHEC  
2600 Bull Street  
Columbia, South Carolina 29201

Re: Town of Timmonsville POTW  
SC DHEC Permit Number SC0025356  
July, 2014 DMR

Dear Madam and Gentlemen:

In accordance with the provisions of the Consent Decree, herewith we are transmitting the July, 2014 DMR.

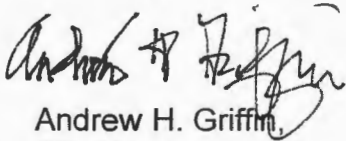
During the month of July, 2014, there were no sanitary sewer overflows (SSO).

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering such

information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment of knowing violations.

We trust that you find this DMR meets the requirements of the NPDES Permit and the requirements of the Consent Decree. However, if some further clarification is needed, please feel free to contact me at (843) 665-3113.

Sincerely,



Andrew H. Griffin,  
City Manager

Attachments

cc: David Phillips, P.E., US EPA Enforcement Officer  
Glenn Trofatter, SC DHEC  
Michael Hemingway, Utilities Director  
Forrest Whittington, City Engineer



PERMITTEE NAME/ADDRESS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

NAME FLORENCE CITY OF  
ADDRESS 324 W EVANS ST  
FLORENCE, SC 29501-0324

SC0025356

PERMIT NUMBER

0011

DISCHARGE NUMBER

MAJOR

FACILITY FLORENCE CITY OF/TIMMONSVILLE WWTP  
LOCATION 706 S HILL ST

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
14	07	01		14	07	31

41 PD FINAL LIMITS

DMR VALID: 08/01/2008 - 08/31/2008

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00300 LAB ID: 21001 Dissolved Oxygen	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	*****		0	01/01	GR
	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	*****			01/01	GR
MLOC=1					DAILY MN			MG/L			
00310 LAB ID: 21001 BOD - 5 Day (20 Degrees C)	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.7	*****		0	01/07	24
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	*****			01/07	24
MLOC=G					MO AVG	*****	*****	MG/L			
00310 LAB ID: BOD - 5 Day (20 Degrees C)	SAMPLE MEASUREMENT	NOT REQUIRED	NOT REQUIRED		*****	NOT REQUIRED	NOT REQUIRED				
	PERMIT REQUIREMENT	167	250	LBS/DAY	*****	10.0	15.0			01/07	24
MLOC=1 YNNNNNNNNYY		MO AVG	WKLY AVG		*****	MO AVG	WKLY AVG	MG/L			
00310 LAB ID: 21001 BOD - 5 Day (20 Degrees C)	SAMPLE MEASUREMENT	30	67		*****	4.5	6.80		0	01/07	24
	PERMIT REQUIREMENT	125	188	LBS/DAY	*****	7.5	11.25			01/07	24
MLOC=1 NNNNNNNNNYY		MO AVG	WKLY AVG		*****	MO AVG	WKLY AVG	MG/L			
00400 LAB ID: 21001 pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7.2		0	01/01	GR
	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	8.5			01/01	GR
Standard Units					DAILY MN	*****	DAILY MX	SU			
MLOC=1					*****	2.7	3.8		0	01/07	24
00530 LAB ID: 21001 Total Suspended Solids (TSS)	SAMPLE MEASUREMENT	15.0	22		*****	30.0	45.0			01/07	24
	PERMIT REQUIREMENT	500	750	LBS/DAY	*****	MO AVG	WKLY AVG	MG/L			
MLOC=1		MO AVG	WKLY AVG		*****	12.6	*****		0	01/07	24
00530 LAB ID: 21001 Total Suspended Solids (TSS)	SAMPLE MEASUREMENT	*****	*****	*****	*****	REPORT	*****			01/07	24
	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	*****	MG/L			
MLOC=G		*****	*****	*****	*****	*****	*****				

NAME OF THE PRINCIPAL EXECUTIVE OFFICER

CITY MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

8436653236

14 08

AREA CODE

NUMBER

YEAR

MO

DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



PERMITTEE NAME/ADDRESS

NAME FLORENCE CITY OF  
ADDRESS 324 W EVANS ST  
FLORENCE, SC 29501-0324

FACILITY FLORENCE CITY OF/TIMMONSVILLE WWTP  
LOCATION 706 S HILL ST

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

SC0025356

PERMIT NUMBER

001 1

DISCHARGE NUMBER

MAJOR

41 PD FINAL LIMITS  
DMR VALID: 08/01/2008 - 08/31/2008

NOTE: Read Instructions before completing this form

FROM

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
14	07	01	14	07	31

TO

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
00600 LAB ID: 21117 Total Nitrogen as N	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.1	3.1	0	01/30	24
MLOC=1	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT WKLY AVG		01/30	24
00610 LAB ID: _____ Ammonia-Nitrogen	SAMPLE MEASUREMENT	NOT REQUIRED	NOT REQUIRED		*****	NOT REQUIRED	NOT REQUIRED			
Total as N	PERMIT REQUIREMENT	42.0	63.0	LBS/DAY	*****	2.5	3.75		01/07	24
MLOC=1 YNNNNNNNNNY		MO AVG	WKLY AVG		*****	MO AVG	WKLY AVG			
00610 LAB ID: 21001 Ammonia-Nitrogen	SAMPLE MEASUREMENT	3.4	6.5		*****	0.4	0.62	0	01/07	24
Total as N	PERMIT REQUIREMENT	8.0	12.0	LBS/DAY	*****	0.5	0.75		01/07	24
MLOC=1 NNNNNNNNNY		MO AVG	WKLY AVG		*****	MO AVG	WKLY AVG			
00665 LAB ID: 21117 Phosphorus, Total	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.76	0.76	0	01/30	24
MLOC=1	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT WKLY AVG		01/30	24
50050 LAB ID: 21001 Flow in Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	1.0	1.5		*****	*****	*****	0	99/99	RC
MLOC=1	PERMIT REQUIREMENT	2.0	2.0	MGD	*****	*****	*****		99/99	RC
50060 LAB ID: 4001 Total Residual Chlorine	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.002	0.010	0	01/07	GR
MLOC=1	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011	0.019		01/07	GR
74055 LAB ID: 21001 Fecal Coliform	SAMPLE MEASUREMENT	*****	*****	*****	*****	36	56	0	01/07	GR
General	PERMIT REQUIREMENT	*****	*****	*****	*****	200	400		01/07	GR
MLOC=1		*****	*****	*****	*****	30DAVGEO	DAILY MX	# PER 100ML		

NAME TITLE PRINCIPAL EXECUTIVE OFFICER  
CITY MANAGER  
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

843 665 3236

14 08

AREA CODE

NUMBER

YEAR

MO

DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



PERMITTEE NAME/ADDRESS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

NAME FLORENCE CITY OF  
ADDRESS 324 W EVANS ST  
FLORENCE, SC 29501-0324

FACILITY FLORENCE CITY OF/TIMMONSVILLE WWTP  
LOCATION 706 S HILL ST

SC0025356  
PERMIT NUMBER

0011  
DISCHARGE NUMBER

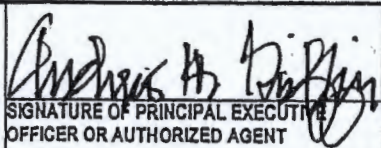
MAJOR

41 PD FINAL LIMITS  
DMR VALID: 08/01/2008 - 08/31/2008

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MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
14	07	01		14	07	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
74062 LAB ID: 21001 Overflow Use, Occurrences MLOC=S	SAMPLE MEASUREMENT	0	*****	OCCUR/MONTH	*****	*****	*****	*****	0	01/30	CA
	PERMIT REQUIREMENT	REPORT MO TOTAL	*****		*****	*****	*****	*****		01/30	CA
74063 LAB ID: 21001 Overflow Volume (SSO Volume, CSO Volume) MLOC=S	SAMPLE MEASUREMENT	0	*****	MGAL	*****	*****	*****	*****	0	01/30	CA
	PERMIT REQUIREMENT	REPORT MO TOTAL	*****		*****	*****	*****	*****		01/30	CA
81010 LAB ID: 21001 BOD, 5-Day Percent Removal MLOC=K	SAMPLE MEASUREMENT	*****	*****	PER-CENT	92	*****	*****	*****	0	01/30	CA
	PERMIT REQUIREMENT	*****	*****		85 MO AV MN	*****	*****	*****		01/30	CA
81011 LAB ID: 21001 Solids, Suspended Percent Removal MLOC=K	SAMPLE MEASUREMENT	*****	*****	PER-CENT	98	*****	*****	*****	0	01/30	CA
	PERMIT REQUIREMENT	*****	*****		85 MO AV MN	*****	*****	*****		01/30	CA
TRP3B LAB ID: _____ IC25 Stat ren 7Day Chronic ceriodaphnia MLOC=P	SAMPLE MEASUREMENT	*****	*****	PER-CENT	N/A	*****	*****	*****		02/99	CR
	PERMIT REQUIREMENT	*****	*****		100 MINIMUM	*****	*****	*****		02/99	CR
TRP3B LAB ID: _____ IC25 Stat ren 7Day Chronic ceriodaphnia MLOC=Q	SAMPLE MEASUREMENT	*****	*****	PER-CENT	N/A	*****	*****	*****		02/99	CR
	PERMIT REQUIREMENT	*****	*****		100 MINIMUM	*****	*****	*****		02/99	CR
TRP6C LAB ID: _____ IC25 Statre 7Day Chrpimephales MLOC=P	SAMPLE MEASUREMENT	*****	*****	PER-CENT	N/A	*****	*****	*****		02/99	CR
	PERMIT REQUIREMENT	*****	*****		100 MINIMUM	*****	*****	*****		02/99	CR

NAME/TITLE/PRINCIPAL EXECUTIVE OFFICER ANDREW H. GIBLIN CITY MANAGER TYPED OR PRINTED	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY
				843 665 3236	14	08	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



PERMITTEE NAME/ADDRESS

NAME FLORENCE CITY OF  
 ADDRESS 324 W EVANS ST  
 FLORENCE, SC 29501-0324  
 FACILITY FLORENCE CITY OF/TIMMONSVILLE WWTP  
 LOCATION 706 S HILL ST

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

SC0025356  
 PERMIT NUMBER

001 Q  
 DISCHARGE NUMBER MAJOR

41 PD FINAL LIMITS  
 DMR VALID: 08/01/2008 - 08/31/2008  
 NOTE: Read Instructions before completing this form

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
14	07	01	14	09	30

FROM

TO

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00978 LAB ID: 21117	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.005	<0.005		0	01/90	24
Arsenic, Total Recoverable	PERMIT REQUIREMENT	*****	*****	*****	*****	0.0051 MO AVG	0.0074 DAILY MX	MG/L		01/90	24
01119 LAB ID: 21117	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.008	0.008		0	01/90	24
Copper, Total Recoverable	PERMIT REQUIREMENT	*****	*****	*****	*****	0.015 MO AVG	0.021 DAILY MX	MG/L		01/90	24
MLOC=1											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER  
 ANDREW H. GRIFFIN  
 CITY MANAGER  
 TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 843 665 3236  
 AREA CODE NUMBER  
 DATE  
 14 08  
 YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature  <div style="display: flex; justify-content: space-between;"> <span>X </span> <span><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span> </div> </p> <p>B. Received by (Printed Name)  <div style="display: flex; justify-content: space-between;"> <span>Y. H. Edges</span> <span>C. Date of Delivery 8-21-14</span> </div> </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="margin-top: 20px;">David Phillips, P.E.  Enforcement Officer  EPA Region 4  61 Forsyth Street, SW  Atlanta, GA 30303</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered    <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail    <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <span style="float: right;">7012 2210 0000 7236 4133</span></p>	
<p>PS Form 3811, February 2004 <span style="float: right;">Domestic Return Receipt 102595-02-M-1540</span></p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature  <div style="display: flex; justify-content: space-between;"> <span>X </span> <span><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span> </div> </p> <p>B. Received by (Printed Name)  <div style="display: flex; justify-content: space-between;"> <span></span> <span>C. Date of Delivery</span> </div> </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="margin-top: 20px;">Glenn Trofatter  SCDHEC  2600 Bull Street  Columbia, SC 29201</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered    <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail    <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <span style="float: right;">7012 2210 0000 7236 4140</span></p>	
<p>PS Form 3811, February 2004 <span style="float: right;">Domestic Return Receipt 102595-02-M-1540</span></p>	



## Section 4

From May 27, 2014, through August 26, 2014, the sanitary sewer collection system took the following operation and maintenance actions were taken:

### UTILITIES DEPARTMENT – COLLECTION OPERATIONS

#### TIMMONSVILLE

#### Third QUARTER REPORT

#### WORK PERFORMED

#### TOTAL

#### SEWER

5/27/2014 – 8/26/ 2014

Rod/wash sewer service	33
Repair sewer service	
Televise sewer service	1
Locate sewer service	
Install sewer cleanout	1
Wash sewer main	332 feet
Vacuum wet well (lift station)	
Clean out manhole	1
Check manholes (sewer main)	38
Replace manhole cover	
Repair sewer manhole	
Repair force main (discharge hose from pumps) by-pass	6
Repair force main	2
Restore asphalt (patch cuts)	7
Unmetered water usage	725 gallons
Vanda	Fully operational with two pumps
Budget Inn	Fully operational with two pumps
Main Street	Fully operational with two pumps

Darlington Street	Fully operational with two pumps
White Street	Fully operational with two pumps
Sandspur	Fully operational with two pumps
Honda	Fully operational with two pumps
Kemper Street	Fully operational with two pumps
Fats, Oil, & Grease Program	3 FSE follow-up inspections for new installation

Vandalism continued to be issue within the sanitary sewer collection system with the by-pass pump operation located on South Hill Street. There were two sanitary sewer overflows (SSOs) this quarter directly due holes having been injected into the discharge lines creating situations that have caused SSOs. City police have been in continued contact with the Florence County Sheriff's Office to assist with the investigation of these continued acts of vandalism.

The collapsed sanitary sewer impacting sanitary sewer collection from South Hill Street to West James Street is design is completed and further information will be provided in Section 11 Design/Construction Projects.

From May 27, 1014, through August 26, 2014, there have been four SSOs within the Timmons ville's sanitary sewer collection system. Two of the SSOs were due to vandalism to the discharge hoses of the by-pass pumps located on South Hill Street. The other two SSOs occurred due to PLC electrical control issues at the Sparrow Swamp Lift Station – the electrical staff reset system controls and did a diagnostic check on the electronics and return the PLC to normal operation and the system was restored.





## Sanitary Sewer Overflow or Pump Station Failure Report Form

Please submit this form to the SCDHEC Bureau of Water, Compliance Assurance Division, 2600 Bull St. Columbia, SC 29201  
Form may be FAXED to 803-898-4215  
A copy of the form should be sent to the local EQC District Office

Perigee: City of Florence WWTP Permit No: SC0045462 County: Florence  
(If yours is a Collection System not owned or operated by a POTW, please include the name of the receiving POTW)

Date SSO/Failure: 30 May 2014 Time: 0800 (Military Format)  
Date DHEC notified: 30 May 2014 Time: 0940

Name of person contacted at DHEC: Danielle Watson (left voice mail)

Description of Source (Manhole, Pump Station, etc.): 6" force main (discharge piping from pumps)  
(Include any code or number used to identify pump stations)

Location of SSO/Failure: 308 S. Hill Street, Timmonsville  
(Street address or other appropriate description; include map if available)

Cause of SSO/Failure: Vandalism, someone intentionally drove into the pump discharge pipe and knocked holes in it.  
(Include any related weather information)

Control action taken: Turned off pump

Describe corrective action taken: Replaced section of 6" discharge pipe and turned pump back on.

Estimate volume of wastewater released: 200 gallons

Did wastewater enter a stream or body of water? Yes No (Circle One)  
(If discharge reaches any water already present in a conveyance, ditch, etc. it is considered to have reached the waters of the State)

If yes, Where? \_\_\_\_\_  
(Show location on USGS map or copy thereof)

Were down stream water in -takes notified? Yes No (Circle One) If yes, Who? \_\_\_\_\_

Date corrective action completed: 30 May 2014 Time: 1130 (Military format)  
Date clean up action taken: 30 May 2014 Time: 1230

Describe what was actually done in the clean up process: Vacuumed up pooled waste water, pellet lime was spread for odor control and disinfection.

Terry Joyner Phone #: (843) 665-3236  
Signature/Person Initiating Action

Date: 5/30/14

Michael Hemmingsway  
Signature/Utilities Director

Date: 5/30/14

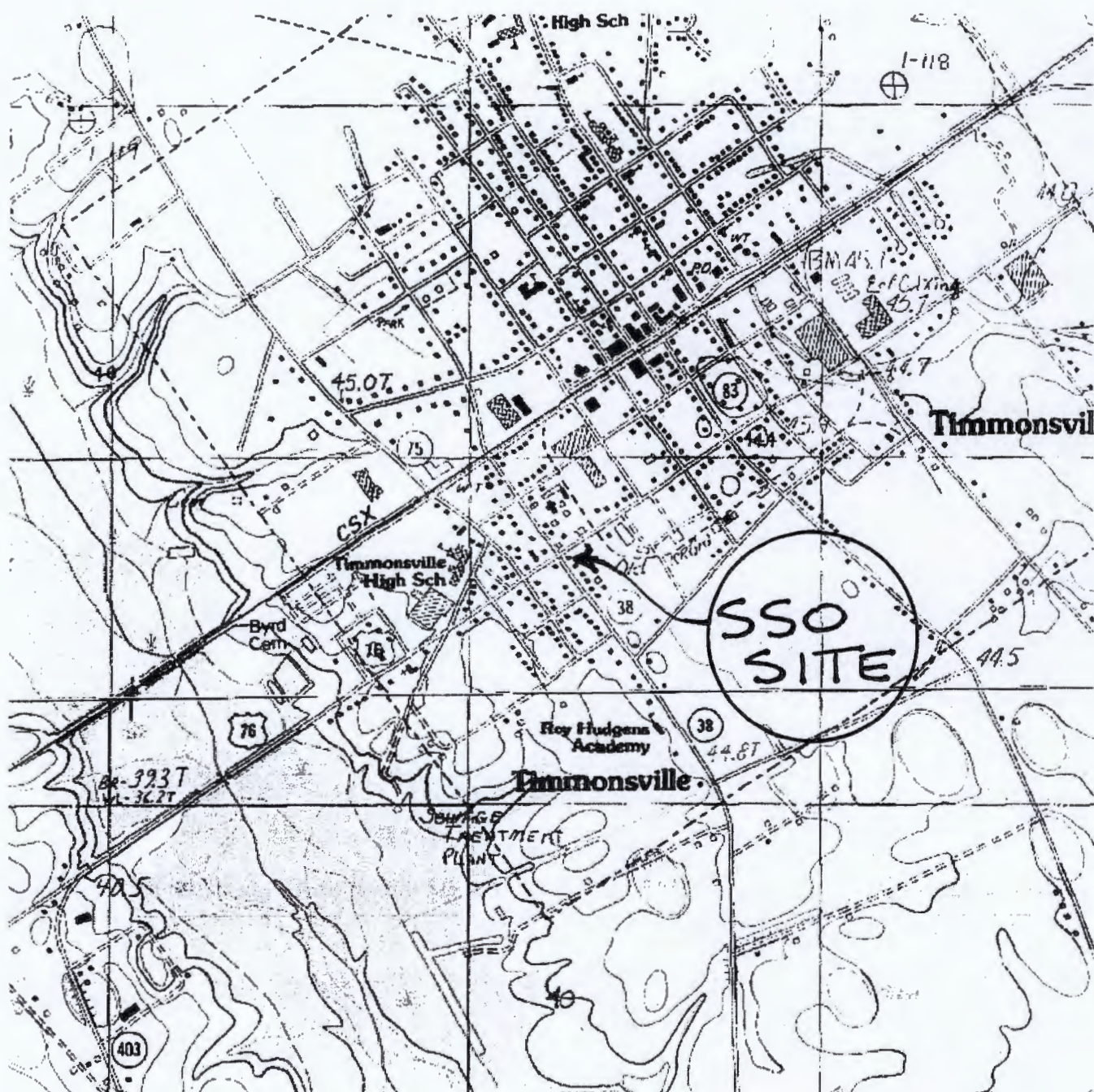


# SSO LOCATION MAP

## 308 S. HILL STREET









## *City of Florence*

### **FAX TRANSMITTAL COVERAGE PAGE**

---

**DATE:** May 30, 2014

**TO:** SCDHEC (Danielle Watson)

**FROM:** Terry Joyner

**FAX:** (843) 661-4858

**NUMBER OF PAGES INCLUDING COVER:** 4

**MESSAGE/COMMENTS:**

SSO Report for 308 S. Hill Street

TRANSMISSION VERIFICATION REPORT

TIME : 05/30/2014 13:54  
NAME :  
FAX : 8436653110  
TEL :  
SER.# : 000C2N317452

DATE, TIME  
FAX NO./NAME  
DURATION  
PAGE(S)  
RESULT  
MODE

05/30 13:52  
96614858  
00:02:05  
04  
OK  
STANDARD  
ECM

## *City of Florence*

### **FAX TRANSMITTAL COVERAGE PAGE**

---

**DATE:** May 30, 2014

**TO:** SCDHEC (Dale Stoudemire)

**FROM:** Terry Joyner

**FAX:** (803) 898-4215

**NUMBER OF PAGES INCLUDING COVER:** 4

**MESSAGE/COMMENTS:**

SSO Report for 308 S. Hill Street



TRANSMISSION VERIFICATION REPORT

TIME : 05/30/2014 14:05  
NAME :  
FAX : 8436653110  
TEL :  
SER.# : 000C2N317452

DATE, TIME  
FAX NO./NAME  
DURATION  
PAGE(S)  
RESULT  
MODE

05/30 14:03  
918038984215-1018  
00:01:59  
04  
OK  
STANDARD  
ECM

TRANSMISSION VERIFICATION REPORT

TIME : 05/30/2014 13:59  
NAME :  
FAX : 8436653110  
TEL :  
SER.# : 000C2N317452

DATE, TIME  
FAX NO./NAME  
DURATION  
PAGE(S)  
RESULT  
MODE

05/30 13:57  
918038984215-1018  
00:02:00  
04  
OK  
STANDARD  
ECM





# Sanitary Sewer Overflow or Pump Station Failure Report Form

Please submit this form to the SCDHEC Bureau of Water, Compliance Assurance Division, 2600 Bull St. Columbia, SC 29201  
Form may be FAXED to 803-898-4215  
A copy of the form should be sent to the local EQC District Office

Perigee: City of Florence Timmonsville Permit No: SC0025356 County: Florence  
(If yours is a Collection System not owned or operated by a POTW, please include the name of the receiving POTW)

Date SSO/Failure: June 12, 2014 Time: 1345 (Military Format)  
Date DHEC notified: June 12, 2014 Time: 1426

Name of person contacted at DHEC: Danielle Watson

Description of Source (Manhole, Pump Station, etc.): Pump Station - Sparrow Swamp  
Pump Station # 113 Include any code or number used to identify pump stations)

Location of SSO/Failure: End of Market Street  
(Street address or other appropriate description; include map if available)

Cause of SSO/Failure: PLC electrical controls for the lift station pumps tripped off and did not operate the pumps.

Control action taken: When checking the lift station for problems, the wastewater operator found that the PLC electrical control for the wastewater pumps was tripped off and the pumps would not operate in automatic. The operator immediately reset the PLC electrical control and the pumps started up. The station returned to normal operation.

Describe corrective action taken: When checking the lift station for problems, the wastewater operator found that the PLC electrical control for the wastewater pumps was tripped off and the pumps would not operate in automatic. The operator immediately reset the PLC electrical control and the pumps started up. The station returned to normal operation. On 6/13/14, maintenance installed a backup power supply for the PLC to supply power to the PLC in the event of a temporary power disruption.

Estimate volume of wastewater released: 4000 gallons

Did wastewater enter a stream or body of water? Yes No (Circle One)  
(If discharge reaches any water already present in a conveyance, ditch, etc. it is considered to have reached the waters of the State)

If yes, Where? Sparrow Swamp  
(Show location on USGS map or copy thereof)

Were down stream water in -takes notified? Yes No (Circle One) If yes, Who? \_\_\_\_\_

Date corrective action completed: June 12, 2014 Time: 1400 (Military format)  
Date clean up action taken: June 13, 2014 Time: 1500

Describe what was actually done in the clean up process:

The area was raked to remove visible debris and solids and pellet lime was spread for odor control and disinfection.

Don Dreyer Phone #: (843) 665-3236  
Signature/Person Initiating Action

Date: 6/16/14

Michael Hemminger  
Signature/Utilities Director

Date: 6/17/14





Legend

Property Lines





**CITY OF FLORENCE**

**FAX TRANSMITTAL COVERAGE PAGE**

FAXED

6/17/14 8:45

**DATE:** June 16, 2014

**TO:** SCDHEC (Dale Stoudemire)

**FROM:** Dan Dietz

**FAX:** 1 (803) 898-4215

**NUMBER OF PAGES INCLUDING COVER:** 3

**MESSAGE/COMMENTS:**

SSO Report

Sparrow Swamp (6/12/14)



**CITY OF FLORENCE**

**FAX TRANSMITTAL COVERAGE PAGE**

FAXED @ PW

6/17/14

9:00 A  
(8:55 A)

**DATE:** June 16, 2014

**TO:** SCDHEC (Danielle Watson)

**FROM:** Dan Dietz

**FAX:** (843) 661-4858

**NUMBER OF PAGES INCLUDING COVER:** 3

**MESSAGE/COMMENTS:**

**SSO Report**

Sparrow Swamp (6/12/14)

## FAX JOURNAL REPORT

TIME : 06/17/2014 09:00  
 NAME :  
 FAX : 8436653110  
 TEL :  
 SER.# : 000C2N317452

NO.	DATE	TIME	FAX NO./NAME	DURATION	PAGE(S)	RESULT	COMMENT
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	06/10	16:05	96614858	03:22	03	OK	TX ECM
#117	06/10	16:08	18038984215-2345	00	00	BUSY	TX
	06/10	16:11		54	02	OK	RX ECM
#119	06/10	16:27	9180389842152345	03:18	03	OK	TX ECM
	06/10	20:20	843 662 2755	41	01	OK	RX ECM
	06/11	07:06	8436768851	26	01	OK	RX ECM
	06/11	08:39	778 587 2543	26	01	OK	RX ECM
	06/11	08:50		22	01	OK	RX ECM
#120	06/11	09:36	96290560	03:00	06	OK	TX ECM
#121	06/11	10:29	CM	25	01	OK	TX ECM
#122	06/11	11:35	96614858	27	01	OK	TX ECM
	06/11	15:03	843 6670931	54	01	OK	RX
	06/11	15:33	01	53	02	OK	RX ECM
	06/11	15:45	8436562208	35	01	OK	RX ECM
	06/11	16:07		23	01	OK	RX ECM
	06/11	16:22		01:20	02	OK	RX
	06/11	17:26	8436622589	35	01	OK	RX ECM
	06/12	06:56	8436768851	31	01	OK	RX ECM
	06/12	10:10	843+443+3261	02:01	05	OK	RX
	06/12	14:06		01:25	04	OK	RX ECM
	06/12	14:13		44	02	OK	RX ECM
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	06/12	15:41		18	01	OK	RX ECM
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	06/16	09:15		35	02	OK	RX ECM
	06/16	10:02	843 6670931	01:33	02	OK	RX
	06/16	10:28	8435374230	48	02	OK	RX ECM
#127	06/16	12:11	96659177	45	02	OK	TX ECM
#129	06/16	12:42	96614858	32	01	OK	TX ECM
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	06/16	16:50	828 328 6370	57	02	OK	RX ECM
	06/16	17:04		53	02	OK	RX ECM
	06/17	07:42	8436768851	33	01	OK	RX ECM
	06/17	08:35	3933453	22	01	OK	RX ECM
#135	06/17	08:44	9180389842152345	04:41	03	OK	TX ECM
#136	06/17	08:55	96614858	04:45	03	OK	TX ECM

BUSY: BUSY/NO RESPONSE  
 NG : POOR LINE CONDITION / OUT OF MEMORY  
 CV : COVERPAGE  
 POL : POLLING  
 RET : RETRIEVAL  
 PC : PC-FAX





## Sanitary Sewer Overflow or Pump Station Failure Report Form

Please submit this form to the SCDHEC Bureau of Water, Compliance Assurance Division, 2600 Bull St. Columbia, SC 29201

Form may be FAXED to 803-898-4215

A copy of the form should be sent to the local EQC District Office

Perigee: City of Florence Timmonsville Permit No: SC0025356 County: Florence

(If yours is a Collection System not owned or operated by a POTW, please include the name of the receiving POTW)

Date SSO/Failure: June 22, 2014

Time: 1130 (Military Format)

Date DHEC notified: June 23, 2014

Time: 1055

Name of person contacted at DHEC: Danielle Watson

Description of Source (Manhole, Pump Station, etc.): Pump Station - Sparrow Swamp

Pump Station # 113 Include any code or number used to identify pump stations)

Location of SSO/Failure: End of Market Street

(Street address or other appropriate description; include map if available)

Cause of SSO/Failure: PLC electrical controls breaker for the lift station pumps tripped off and pumps did not operate in automatic.

Control action taken: When checking the lift station for problems, the wastewater operator found that the PLC electrical control breaker for the wastewater pumps was tripped off and the pumps would not operate in automatic. The operator immediately started the pumps in the manual run position and contacted maintenance to check the station out. Maintenance checked the station for problems and reset the PLC electrical control breaker. The station returned to normal operation.

Describe corrective action taken: When checking the lift station for problems, the wastewater operator found that the PLC electrical control breaker for the wastewater pumps was tripped off and the pumps would not operate in automatic. The operator immediately started the pumps in the manual run position and contacted maintenance to check the station out. Maintenance checked the station for problems and reset the PLC electrical control breaker. The station returned to normal operation.

Estimate volume of wastewater released: 1500 gallons

Did wastewater enter a stream or body of water? Yes No (Circle One)

(If discharge reaches any water already present in a conveyance, ditch, etc. it is considered to have reached the waters of the State)

If yes, Where? Sparrow Swamp

(Show location on USGS map or copy thereof)

Were down stream water in -takes notified? Yes No (Circle One) If yes, Who? \_\_\_\_\_

Date corrective action completed: June 22, 2014

Time: 1140 (Military format)

Date clean up action taken: June 22, 2014

Time: 1500

Describe what was actually done in the clean up process:

The area was raked to remove visible debris and solids and pellet lime was spread for odor control and disinfection.

[Signature]  
Signature/Person Initiating Action

Phone #: (843) 665-3236

Date: 6/27/14

[Signature]  
Signature/Utilities Director

Date: 6/27/14





**Legend**



Property Lines



## Sanitary Sewer Overflow or Pump Station Failure Report Form

Please submit this form to the SCDHEC Bureau of Water, Compliance Assurance Division, 2600 Bull St. Columbia, SC 29201  
Form may be FAXED to 803-898-4215  
A copy of the form should be sent to the local EQC District Office

Perigee: City of Florence Timmons ville Permit No: SC0025356 County: Florence  
(If yours is a Collection System not owned or operated by a POTW, please include the name of the receiving POTW)

Date SSO/Failure: June 24, 2014 Time: 1024 (Military Format)  
Date DHEC notified: June 24, 2014 Time: 1144

Name of person contacted at DHEC: Danielle Watson

Description of Source (Manhole, Pump Station, etc.): Pump Station - Sparrow Swamp  
Pump Station # 113 Include any code or number used to identify pump stations)

Location of SSO/Failure: End of Market Street  
(Street address or other appropriate description; include map if available)

Cause of SSO/Failure: Duke Power lost the electrical power to the station and area.

Control action taken: When checking the lift station for problems, the wastewater operator found that the electrical power from Duke Power was single phasing. The lift station pumps would not operate and the emergency generator did not start. The operator immediately contacted maintenance. Maintenance personnel were able to start the generator and run the pumps on the emergency generator power until power from Duke Power was restored and the station returned to normal operation.

Describe corrective action taken: When checking the lift station for problems, the wastewater operator found that the electrical power from Duke Power was single phasing. The lift station pumps would not operate and the emergency generator did not start. The operator immediately contacted maintenance. Maintenance personnel were able to start the generator and run the pumps on the emergency generator power until power from Duke Power was restored and the station returned to normal operation.

Estimate volume of wastewater released: 3500 gallons

Did wastewater enter a stream or body of water? Yes No (Circle One)  
(If discharge reaches any water already present in a conveyance, ditch, etc. it is considered to have reached the waters of the State)

If yes, Where? Sparrow Swamp  
(Show location on USGS map or copy thereof)

Were down stream water in -takes notified? Yes No (Circle One) If yes, Who? \_\_\_\_\_

Date corrective action completed: June 24, 2014 Time: 1102 (Military format)  
Date clean up action taken: June 24, 2014 Time: 1530

Describe what was actually done in the clean up process:

The area was raked to remove visible debris and solids and pellet lime was spread for odor control and disinfection.

[Signature] Phone #: (843) 665-3236  
Signature/Person Initiating Action

Date: 6/27/14

[Signature]  
Signature/Utilities Director

Date: 6/27/14





# Legend

Property Lines



*CITY OF FLORENCE*

FAX TRANSMITTAL COVERAGE PAGE

---

DATE: June 27, 2014

TO: SCDHEC (Danielle Watson)

FROM: Dan Dietz

FAX: (843) 661-4858

NUMBER OF PAGES INCLUDING COVER: 6

MESSAGE/COMMENTS:

SSO Report

Sparrow Swamp (6/22/14)

Industrial Park (6/23/14)

Sparrow Swamp (6/24/14)

*faxed @ 12:15 6/27/14*

**CITY OF FLORENCE**

**FAX TRANSMITTAL COVERAGE PAGE**

---

**DATE:** June 27, 2014

**TO:** SCDHEC (Dale Stoudemire)

**FROM:** Dan Dietz

**FAX:** 1 (803) 898-4215

**NUMBER OF PAGES INCLUDING COVER:** 6

**MESSAGE/COMMENTS:**

**SSO Report**

Sparrow Swamp (6/22/14)

Industrial Park (6/23/14)

Sparrow Swamp (6/24/14)





## Sanitary Sewer Overflow or Pump Station Failure Report Form

Please submit this form to the SCDHEC Bureau of Water, Compliance Assurance Division, 2600 Bull St. Columbia, SC 29201  
Form may be FAXED to 803-898-4215  
A copy of the form should be sent to the local EQC District Office

Perigee: City of Florence WWTP Permit No: SC0045462 County: Florence  
(If yours is a Collection System not owned or operated by a POTW, please include the name of the receiving POTW)

Date SSO/Failure: 6 August 2014 Time: 2018 (Military Format)  
Date DHEC notified: 7 August 2014 Time: 1005

Name of person contacted at DHEC: Danielle Watson (left voice mail)

Description of Source (Manhole, Pump Station, etc.): 6" force main (discharge piping from pumps)  
(Include any code or number used to identify pump stations)

Location of SSO/Failure: 308 S. Hill Street, Timmonsville  
(Street address or other appropriate description; include map if available)

Cause of SSO/Failure: Vandalism, someone intentionally knocked a hole in the pipe..  
(Include any related weather information)

Control action taken: stopped leak

Describe corrective action taken: placed a repair clamp on the pipe

Estimate volume of wastewater released: 100 gallons

Did wastewater enter a stream or body of water? Yes No (Circle One)  
(If discharge reaches any water already present in a conveyance, ditch, etc. it is considered to have reached the waters of the State)

If yes, Where? \_\_\_\_\_

(Show location on USGS map or copy thereof)

Were down stream water in -takes notified? Yes No (Circle One) If yes, Who? \_\_\_\_\_

Date corrective action completed: 6 August 2014 Time: 2221 (Military format)  
Date clean up action taken: 7 August 2014 Time: 1000

Describe what was actually done in the clean up process:  
Pellet lime was spread for odor control and disinfection.

Kerry J. Jones  
Signature/Person Initiating Action

Phone #: (843) 665-3236

Date: Aug 7, 2014

Michael Hemmingsway  
Signature/Utilities Director

Date: 8/7/14

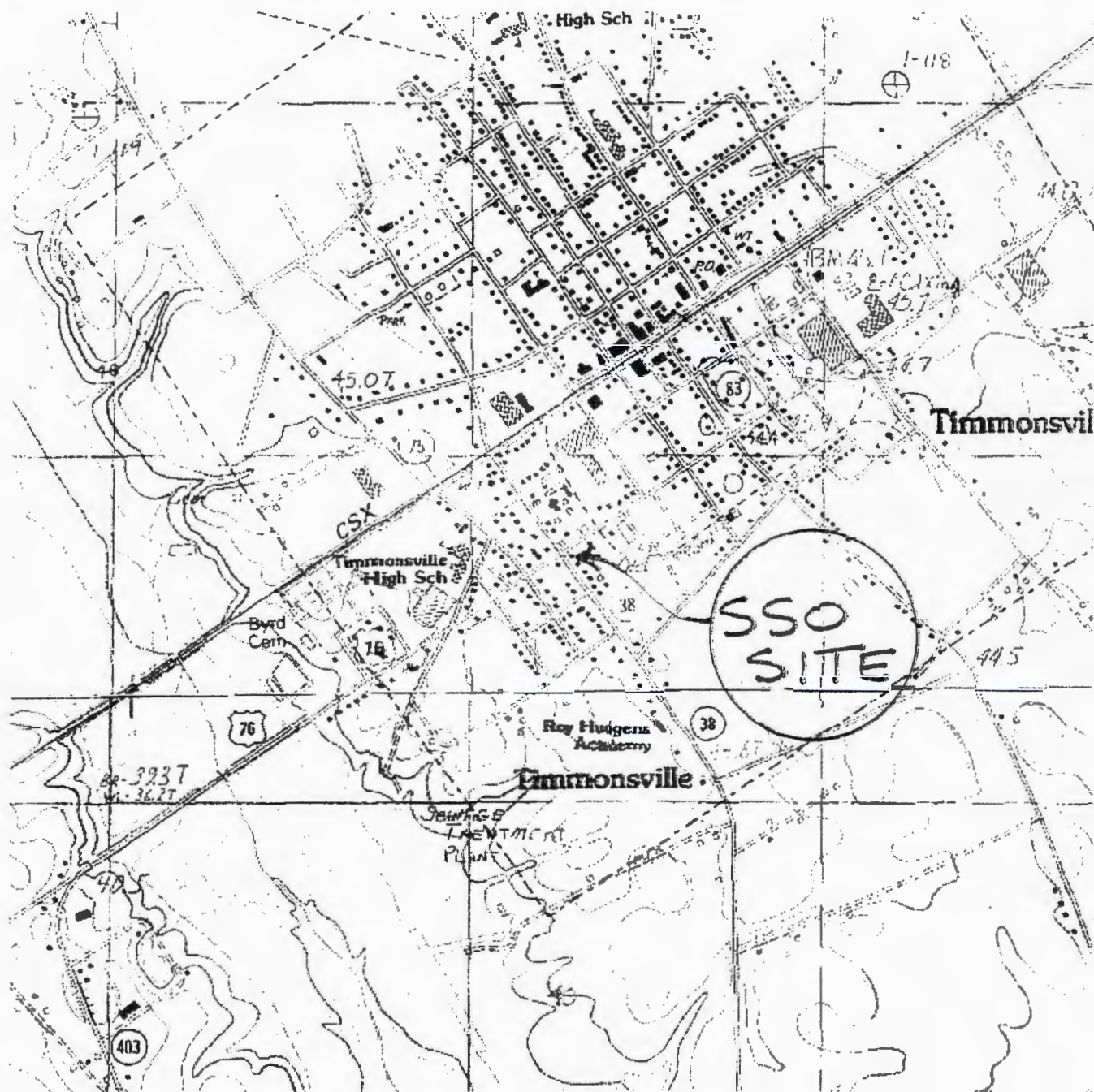


# SSO LOCATION MAP

## 308 S. HILL STREET







# *City of Florence*

## **FAX TRANSMITTAL COVERAGE PAGE**

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**DATE:** August 7, 2014

**TO:** SCDHEC (Dale Stoudemire)

**FROM:** Terry Joyner

**FAX:** (803) 898-4215

**NUMBER OF PAGES INCLUDING COVER:** 4

**MESSAGE/COMMENTS:**

**SSO Reports**

308 S. Hill Road, Timmonsville, SC

TRANSMISSION VERIFICATION REPORT

TIME : 08/07/2014 14:00  
NAME :  
FAX : 8436653110  
TEL :  
SER.# : 000C2N317452

DATE, TIME	08/07 13:55
FAX NO./NAME	918038984215-1018
DURATION	00:03:17
PAGE(S)	04
RESULT	OK
MODE	STANDARD ECM



# *City of Florence*

## **FAX TRANSMITTAL COVERAGE PAGE**

---

**DATE:** August 7, 2014

**TO:** SCDHEC (Danielle Watson)

**FROM:** Terry Joyner

**FAX:** (843) 661-4858

**NUMBER OF PAGES INCLUDING COVER:** 4

**MESSAGE/COMMENTS:**

**SSO Reports**

308 S. Hill Road, Timmonsville, SC

TRANSMISSION VERIFICATION REPORT

TIME : 08/07/2014 13:53  
NAME :  
FAX : 8436653110  
TEL :  
SER.# : 000C2N317452

DATE, TIME  
FAX NO./NAME  
DURATION  
PAGE(S)  
RESULT  
MODE

08/07 13:50  
96614858  
00:03:22  
04  
OK  
STANDARD  
ECM

## Section 5

From May 27, 2014, through August 26, 2014, the water distribution system took the following operation and maintenance actions were taken:

### UTILITIES DEPARTMENT – WATER DISTRIBUTION SYSTEM

#### TIMMONSVILLE

#### Third QUARTER REPORT

#### WORK PERFORMED

#### TOTAL

#### WATER

5/27/2014 -8/26/ 2014

Install ¾" water tap

3

#### repair water leak

¾"

41

1"

1

1 ½"

5

2"

5

6"

3

8"

1

Check water leaks

27

Renew water service

2

Adjust/replace water meter

5

Check water pressure

4

Cut off water

7

Check/flow hydrant

3

Repair fire hydrant

1

Replace fire hydrant

1

Locate water main

2



Locate water valve	39
Repair water valve	1
Unmetered water usage	284,235
Backflow Program	4 certified reports received
Backflow Program	4 installation letters sent
Backflow Program	2 installation reports received
Backflow Program	1 letter sent for testing

The City issued four "Boil Water Advisory" during this quarter. Two were associated with work being done as part of the South Carolina Department of Transportation highway widening project along US Highway 76 when the water main was hit by the contractor on the job. The latter two were associated with normal operation and maintenance of the distribution system to replace a leaking valve and install a new fire hydrant.

## BOIL WATER ADVISORY

### City of Florence

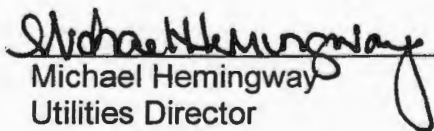
The City of Florence and South Carolina Department of Health and Environmental Control advise water system customers in the 300 Block of E. Smith Street to boil their tap water vigorously for one minute prior to using it for drinking or cooking.

A 6" water main had to be shut off to make emergency repairs that was damaged by a utility contractor on May 29<sup>th</sup> 2014, which resulted in the disruption of service to 6 customers within this area. The City is currently working diligently to restore water service throughout this service area.

There has been no confirmed contamination of the system. However, because of the loss of pressure a slight potential for bacteriological contamination exists. Therefore, as a precautionary measure the South Carolina Department of Health and Environmental Control (SCDHEC) requires The City of Florence to issue this advisory when an event occurs that allows the possibility for bacteria to enter the water system. Water customers in this area should continue to vigorously boil their water for at least one full minute prior to drinking or cooking until otherwise notified by the City of Florence. Also, any ice made from water that has not been boiled should not be used for drinking purposes.

This boil water advisory is a precautionary measure to protect public health until test results confirm the water is safe to drink. Because the water quality is unknown at this time customers are urged to take appropriate precautions. Test results for bacteriological quality should be completed by Friday, May 30<sup>th</sup>, 2014, at which time the City will notify customers regarding the status of the boil water advisory.

If you should have any questions concerning this notice, you may call the City of Florence at (843) 665-3236 or SCDHEC (843) 661-4825.

  
Michael Hemingway  
Utilities Director  
City of Florence

## **BOIL WATER REPEAL**

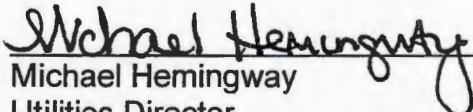
**City of Florence**

**May 31, 2014**

The City of Florence precautionary boil water advisory for customers in the 300 Block of E. Smith Street has been lifted. Lab results for water samples taken by the City in this area indicate the water is safe to use for drinking and cooking purposes.

Following intense flushing of the distribution system, bacteriological samples were collected and analyzed. On Saturday, May 31, 2014 at 8:00 a.m., the City of Florence lifted the boil water advisory for it's customers after tests confirmed the water was safe to drink.

If you should have any questions concerning this repeal of the Boil Advisory, you may call the City of Florence at (843) 665-3236 or South Carolina Department of Health and Environmental Control (SCDHEC) at (843) 661-4825.

  
Michael Hemingway  
Utilities Director  
City of Florence





City of Florence  
Public Works/Utilities  
Department

**FAX MEMORANDUM**

DATE: 6/3/2014

TO: Paula Brown  
661-4858

FROM: Michael Hemingway  
\_\_\_\_\_

SUBJECT: BWA & BWR

# OF PAGES: 4 (including cover sheet)

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TRANSMISSION VERIFICATION REPORT

TIME : 06/03/2014 07:33  
NAME :  
FAX : 8436653110  
TEL :  
SER.# : 000C2N317452

DATE, TIME  
FAX NO./NAME  
DURATION  
PAGE(S)  
RESULT  
MODE

06/03 07:31  
96614858  
00:01:03  
04  
OK  
STANDARD  
FCM





## BOIL WATER ADVISORY

### City of Florence

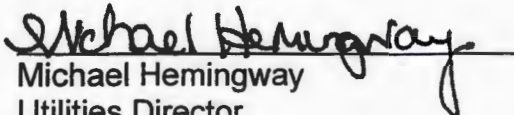
The City of Florence and South Carolina Department of Health and Environmental Control advises the water system customer at 768 E. Smith Street to boil their tap water vigorously for one minute prior to using it for drinking or cooking.

A 6" water main had to be shut off by the road widening contractor on Thursday July 10, 2014, which resulted in the disruption of service to 1 customer within this area. The contractor is currently working diligently to restore water service throughout this service area.

There has been no confirmed contamination of the system. However, because of the loss of pressure a slight potential for bacteriological contamination exists. Therefore, as a precautionary measure the South Carolina Department of Health and Environmental Control (SCDHEC) requires The City of Florence to issue this advisory when an event occurs that allows the possibility for bacteria to enter the water system. The water customer at this address should continue to vigorously boil their water for at least one full minute prior to drinking or cooking until otherwise notified by the City of Florence. Also, any ice made from water that has not been boiled should not be used for drinking purposes.

This boil water advisory is a precautionary measure to protect public health until test results confirm the water is safe to drink. Because the water quality is unknown at this time the customer is urged to take appropriate precautions. Test results for bacteriological quality should be completed by Friday, July 11, 2014, at which time the City will notify the customer regarding the status of the boil water advisory.

If you should have any questions concerning this notice, you may call the City of Florence at (843) 665-3236 or SCDHEC (843) 661-4825.

  
Michael Hemingway  
Utilities Director  
City of Florence

TRANSMISSION VERIFICATION REPORT

TIME : 07/10/2014 08:25  
NAME :  
FAX : 8436653110  
TEL :  
SER.# : 000C2N317452

DATE, TIME  
FAX NO./NAME  
DURATION  
PAGE(S)  
RESULT  
MODE

07/10 08:21  
96614858  
00:00:39  
02  
OK  
STANDARD  
ECM



**City of Florence  
Public Works/Utilities  
Department**

**FAX MEMORANDUM**

DATE: 7/10/2014

TO: Paula Brown

DHEC 661-4858

FROM: Terry Joyner

SUBJECT: Boil Water Advisory

# OF PAGES: 2 (including cover sheet)

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768 E. Smith Street, Timmonsville



## BOIL WATER REPEAL

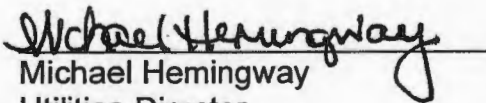
City of Florence

July 11, 2014

The City of Florence precautionary boil water advisory for the customer at 768 E. Smith Street has been lifted. Lab results for water samples taken by the City in this area indicate the water is safe to use for drinking and cooking purposes.

Following intense flushing of the distribution system, bacteriological samples were collected and analyzed. On Friday, July 11, 2014 at 8:00 a.m., the City of Florence lifted the boil water advisory for it's customers after tests confirmed the water was safe to drink.

If you should have any questions concerning this repeal of the Boil Advisory, you may call the City of Florence at (843) 665-3236 or South Carolina Department of Health and Environmental Control (SCDHEC) at (843) 661-4825.

  
Michael Hemingway  
Utilities Director  
City of Florence

## BOIL WATER ADVISORY

### City of Florence

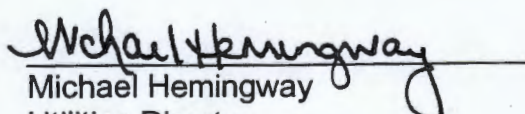
The City of Florence and South Carolina Department of Health and Environmental Control advise water system customers at 100 and 203 E. Main Street, 115 and 201 N. Brockington Street, 200, 300, 500 Blocks of E. Byrd Street and 113 N. Tanyard Street to boil their tap water vigorously for one minute prior to using it for drinking or cooking.

The water main will be shut off to replace a leaking valve which will result in the disruption of service to 26 customers within this area. The City is currently working diligently to restore water service throughout this service area.

There has been no confirmed contamination of the system. However, because of the loss of pressure a slight potential for bacteriological contamination exists. Therefore, as a precautionary measure the South Carolina Department of Health and Environmental Control (SCDHEC) requires The City of Florence to issue this advisory when an event occurs that allows the possibility for bacteria to enter the water system. Water customers in this area should continue to vigorously boil their water for at least one full minute prior to drinking or cooking until otherwise notified by the City of Florence. Also, any ice made from water that has not been boiled should not be used for drinking purposes.

This boil water advisory is a precautionary measure to protect public health until test results confirm the water is safe to drink. Because the water quality is unknown at this time customers are urged to take appropriate precautions. Test results for bacteriological quality should be completed by Wednesday, August 13th, 2014, at which time the City will notify customers regarding the status of the boil water advisory.

If you should have any questions concerning this notice, you may call the City of Florence at (843) 665-3236 or SCDHEC (843) 661-4825.

  
Michael Hemingway  
Utilities Director  
City of Florence

# *City of Florence*

## **FAX TRANSMITTAL COVERAGE PAGE**

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**DATE:** August 11, 2014

**TO:** SCDHEC (Paula Brown)

**FROM:** Terry Joyner

**FAX:** (843) 661-4858

**NUMBER OF PAGES INCLUDING COVER:** 2

**MESSAGE/COMMENTS:**

**Boil Water Advisory**

In the Town of Timmons ville – replacing a leaking water valve



TRANSMISSION VERIFICATION REPORT

TIME : 08/11/2014 14:37  
NAME :  
FAX : 8436653110  
TEL :  
SER.# : 000C2N317452

DATE, TIME  
FAX NO./NAME  
DURATION  
PAGE(S)  
RESULT  
MODE

08/11 14:36  
96614858  
00:00:36  
02  
OK  
STANDARD  
ECM

## **BOIL WATER REPEAL**

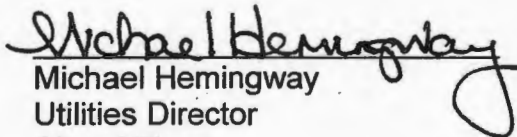
**City of Florence**

**August 13, 2014**

The City of Florence precautionary boil water advisory for the customers at 100 and 203 E. Main Street, 115 and 201 N. Brockington Street, 200, 300, 500 Blocks of E. Byrd Street and 113 N. Tanyard Street has been lifted. Lab results for water samples taken by the City in this area indicate the water is safe to use for drinking and cooking purposes.

Following intense flushing of the distribution system, bacteriological samples were collected and analyzed. On Wednesday August 13, 2014 at 11:00 a.m., the City of Florence lifted the boil water advisory for it's customers after tests confirmed the water was safe to drink.

If you should have any questions concerning this repeal of the Boil Advisory, you may call the City of Florence at (843) 665-3236 or South Carolina Department of Health and Environmental Control (SCDHEC) at (843) 661-4825.

  
Michael Hemingway  
Utilities Director  
City of Florence

## *City of Florence*

### **FAX TRANSMITTAL COVERAGE PAGE**

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**DATE:** August 12, 2014

**TO:** SCDHEC (Paula Brown)

**FROM:** Terry Joyner

**FAX:** (843) 661-4858

**NUMBER OF PAGES INCLUDING COVER:** 2

**MESSAGE/COMMENTS:**

**Boil Water Repeal**

In the Town of Timmonsville – replacing a leaking water valve



TRANSMISSION VERIFICATION REPORT

TIME : 08/13/2014 15:52  
NAME :  
FAX : 8436653110  
TEL :  
SER.# : 000C2N317452

DATE, TIME	08/13 15:51
FAX NO./NAME	96614858
DURATION	00:00:36
PAGE(S)	02
RESULT	OK
MODE	STANDARD
	ECM



## BOIL WATER ADVISORY

### City of Florence

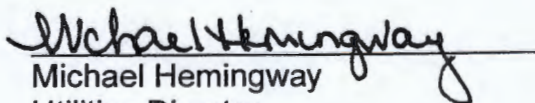
The City of Florence and South Carolina Department of Health and Environmental Control advise water system customers at the 300 and 400 blocks of W. Market Street and 324 W. Main Street are to boil their tap water vigorously for one minute prior to using it for drinking or cooking.

The water main will be shut off Wednesday, August 20<sup>th</sup>, 2014 to replace a fire hydrant on which will result in the disruption of service to 12 customers within this area. The City is currently working diligently to restore water service throughout this service area.

There has been no confirmed contamination of the system. However, because of the loss of pressure a slight potential for bacteriological contamination exists. Therefore, as a precautionary measure the South Carolina Department of Health and Environmental Control (SCDHEC) requires The City of Florence to issue this advisory when an event occurs that allows the possibility for bacteria to enter the water system. Water customers in this area should continue to vigorously boil their water for at least one full minute prior to drinking or cooking until otherwise notified by the City of Florence. Also, any ice made from water that has not been boiled should not be used for drinking purposes.

This boil water advisory is a precautionary measure to protect public health until test results confirm the water is safe to drink. Because the water quality is unknown at this time customers are urged to take appropriate precautions. Test results for bacteriological quality should be completed by Thursday, August 21st, 2014, at which time the City will notify customers regarding the status of the boil water advisory.

If you should have any questions concerning this notice, you may call the City of Florence at (843) 665-3236 or SCDHEC (843) 661-4825.

  
Michael Hemingway  
Utilities Director  
City of Florence



# *City of Florence*

## **FAX TRANSMITTAL COVERAGE PAGE**

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**DATE:** August 19, 2014

**TO:** SCDHEC (Paula Brown)

**FROM:** Terry Joyner

**FAX:** (843) 661-4858

**NUMBER OF PAGES INCLUDING COVER:** 2

**MESSAGE/COMMENTS:**

**Boil Water Repeal**

In the Town of Timmonsville – replacing a fire hydrant at 319 W. Market Street on Wednesday, August 20<sup>th</sup>, 2014.

TRANSMISSION VERIFICATION REPORT

TIME : 08/19/2014 08:15  
NAME :  
FAX : 8436653110  
TEL :  
SER.# : 000C2N317452

DATE, TIME	08/19 08:14
FAX NO./NAME	96614858
DURATION	00:00:36
PAGE(S)	02
RESULT	OK
MODE	STANDARD ECM

## BOIL WATER REPEAL

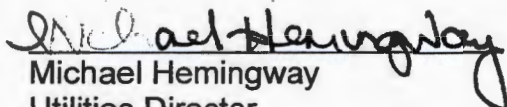
City of Florence

August 21, 2014

The City of Florence precautionary boil water advisory for customers in the 300 and 400 blocks of W. Market Street and 324 W. Main Street has been lifted. City crews were unable to successfully shut the water off to replace the fire hydrant at 319 W. Market Street.

Therefore, the City of Florence has lifted the boil water advisory for it's customers at this time. When crews are able to isolate and shut the water off for the fire hydrant replacement, customers will be notified.

If you should have any questions concerning this repeal of the Boil Advisory, you may call the City of Florence at (843) 665-3236 or South Carolina Department of Health and Environmental Control (SCDHEC) at (843) 661-4825.

  
Michael Hemingway  
Utilities Director  
City of Florence



## *City of Florence*

### **FAX TRANSMITTAL COVERAGE PAGE**

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**DATE:** August 21, 2014  
**TO:** SCDHEC (Paula Brown)  
**FROM:** Terry Joyner  
**FAX:** (843) 661-4858

**NUMBER OF PAGES INCLUDING COVER:** 2

**MESSAGE/COMMENTS:**

**Boil Water Repeal**

In the Town of Timmonsville – replacing a fire hydrant at 319 W. Market Street. We were unable to shut the water off completely. We will find more valves and try again at a later date. The customers will be notified when this happens.

TRANSMISSION VERIFICATION REPORT

TIME : 08/21/2014 10:15  
NAME :  
FAX : 8436653110  
TEL :  
SER.# : 000C2N317452

DATE, TIME	08/21 10:14
FAX NO./NAME	96614858
DURATION	00:00:30
PAGE(S)	02
RESULT	OK
MODE	STANDARD
	ECM





## BOIL WATER ADVISORY

### City of Florence

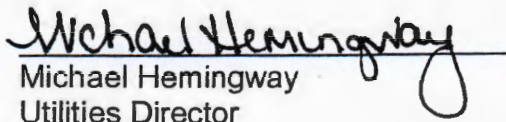
The City of Florence and South Carolina Department of Health and Environmental Control (SCDHEC) advise water system customers in the 700 Block of E. Smith Street and 600 & 700 Block of E. Main Street to boil their tap water vigorously for one minute prior to using it for drinking or cooking.

A water main had to be shut off to perform maintenance as part of the Highway 76 road widening project on July 2<sup>nd</sup> 2014, which resulted in the disruption of service to 28 customers within this area. We are currently working diligently to restore water service throughout this service area.

There has been no confirmed contamination of the system. However, because of the loss of pressure a slight potential for bacteriological contamination exists. Therefore, as a precautionary measure the South Carolina Department of Health and Environmental Control (SCDHEC) requires The City of Florence to issue this advisory when an event occurs that allows the possibility for bacteria to enter the water system. Water customers in this area should continue to vigorously boil their water for at least one full minute prior to drinking or cooking until otherwise notified by the City of Florence. Also, any ice made from water that has not been boiled should not be used for drinking purposes.

This boil water advisory is a precautionary measure to protect public health until test results confirm the water is safe to drink. Because the water quality is unknown at this time customers are urged to take appropriate precautions. Test results for bacteriological quality should be completed by July 3, 2014 at which time the City will notify customers regarding the status of the boil water advisory. You will be notified with a written notification.

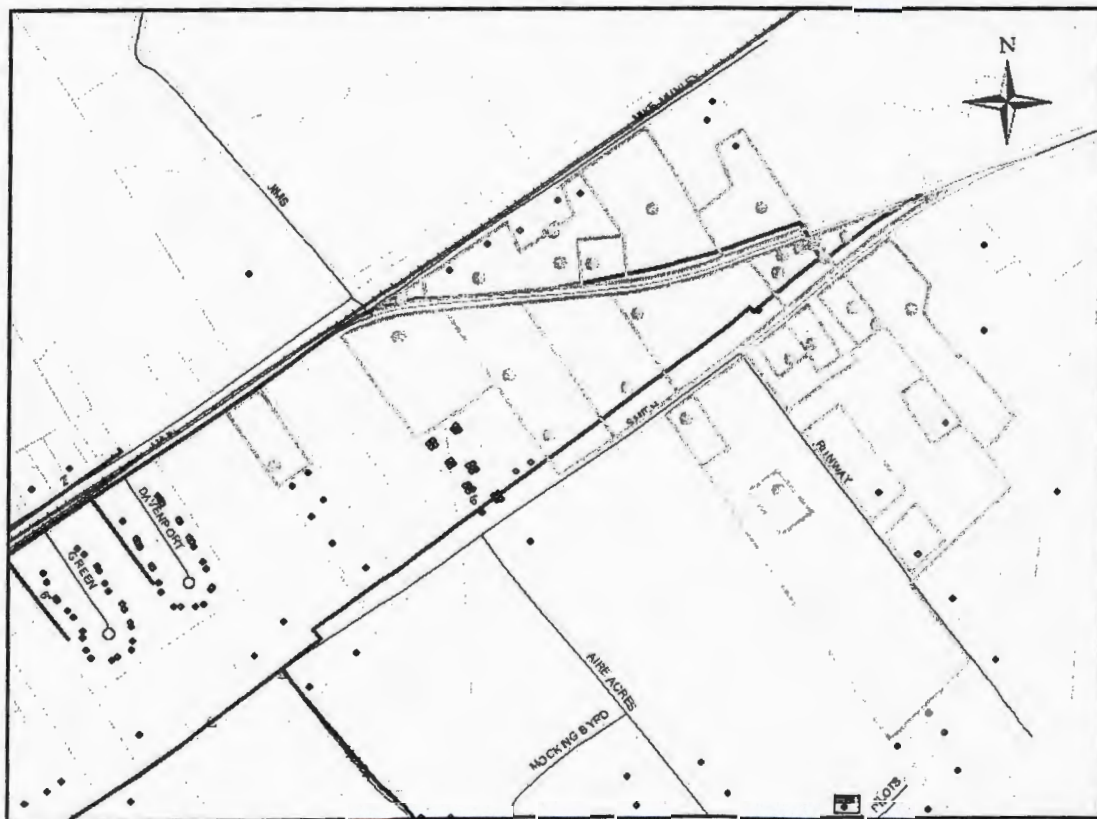
If you should have any questions concerning this notice, you may call the City of Florence at (843) 665-3236 or SCDHEC (843) 661-4825.

  
Michael Hemingway  
Utilities Director  
City of Florence

**Attention:** Residents in 700 Block of E. Smith Street and 600 & 700 Block of E. Main Street.

**Date of interruption: July 2, 2014**

If more information is needed, please feel free to contact the City of Florence, Public Works Department at (843) 665-3236.



## City of Florence Broken Water Line Report

This report is to be completed when a 6" or larger water line is cut off during repairs. Please submit a copy of this report to Distribution Operations, local SCDHEC/EQC, and the Utility Department.

County: Florence

City: Timmonsville

Date of interruption of service: July 2, 2014

Estimated time of break: 7:30 a.m.

Date DHEC Notified: July 1, 2014

Time: 9:30 a.m.

Name of person contacted at DHEC/EQC: Ms. Paula Brown

Description of Activity (include pipe size): "System was isolated to install (2) two 6" gate valves.

Location of Maintenance (Street address or appropriate description): 700 Block of E. Smith Street.

Control Action: Crews mobilized and shut off (2) valves closest to the valve installation activity.

Describe corrective action taken: The system was isolated to install 6" gate valves. After the valve installation was completed the system was flushed and samples were collected.

Date activity was completed: July 2, 2014

Time: 11:30 a.m.

### Bacteriological Test (SEE ATTACHMENTS)

1. (Upstream Location): 630 E. Main Street

Test Result: Passed

Chlorine Reading: 0.71 mg/L

2. (At break location): 768 E. Smith Street

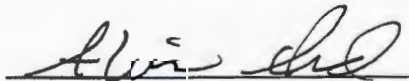
Test Result: Passed

Chlorine Reading: 0.68 mg/L

3. (Downstream Location): 755 E. Smith Street

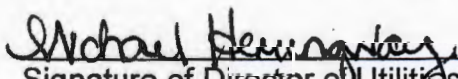
Test Result: Passed

Chlorine Reading: 0.74 mg/L

  
Signature of Person Initiating Action

Phone #: 843-665-3236

Date: 07/03/2014

  
Signature of Director of Utilities





# *City of Florence*

## FAX TRANSMITTAL COVER PAGE

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DATE: 7/3/14

TO: Paula Brown

FROM: Alvin AN

FAX:

NUMBER OF PAGES INCLUDING COVER:

MESSAGE/COMMENTS:

**CITY OF FLORENCE**  
**Ground Water - Water Production**

Rev. 08/26/2010

**CHAIN OF CUSTODY**

Collected By: <u>MARK BROWDER</u>					Sample Location: <u>TIMMONSVILLE</u>			Station: Water Production Lab ID #: 21102 // Initial: <u>MB</u>		
Sampler (Signature) <u>Mark Browder</u>				Pocket Colorimeter Serial Number: <u>08070E105465</u>			START TIME: <u>12:05 PM</u>		FINISH TIME: <u>12:30 PM</u>	
DATE	Operator Sample ID #	Lab Sample ID#	LOCATION	Sample Time	# of containers	Type of container	Grab	Chlorine Res. (ppm)	Analysis Required	Relinquished By: <u>Mark Browder</u> DATE / TIME <u>7-2-14 1300</u>
07-02-14	710A	070214-710A	630 E. MAIN ST.	12:05 PM	01	Plastic	✓	0.71	TC // EC	Received By: <u>[Signature]</u> DATE / TIME <u>7/2/14 1300</u>
07-02-14	710B	070214-710B	768 E. SMITH ST.	12:12 PM	01	Plastic	✓	0.68	TC // EC	Relinquished By: DATE / TIME
07-02-14	710C	070214-710C	755 E. SMITH ST.	12:30 PM	01	Plastic	✓	0.74	TC // EC	
					01	Plastic	✓		TC // EC	Received By: DATE / TIME
					01	Plastic	✓		TC // EC	DPD Lot <u>A33310</u> // Exp. Date: <u>11/10</u>
					01	Plastic	✓		TC // EC	
					01	Plastic	✓		TC // EC	
					01	Plastic	✓		TC // EC	Bottle Lot #: <u>AK0216</u> // Exp. Date: <u>1/17/17</u>
					01	Plastic	✓		TC // EC	
					01	Plastic	✓		TC // EC	Idexx Bottle preserved w/ Sodium Thiosulfate
					01	Plastic	✓		TC // EC	
					01	Plastic	✓		TC // EC	ICED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
					01	Plastic	✓		TC // EC	Temperature upon receipt: <u>4.5°C</u> Thermometer SN: <u>6843</u>
					01	Plastic	✓		TC // EC	Program Area: <u>Drinking Water</u>
					01	Plastic	✓		TC // EC	Comments: <u>CONTRACTOR TURNED WATER OFF TO INSTALL VALVES IN TIMMONSVILLE.</u>
					01	Plastic	✓		TC // EC	
					01	Plastic	✓		TC // EC	



City of                       
Pee Dee River Regional Water Treatment Plant  
Total Coliform Bacteria and E. Coli in Drinking Water  
**Colilert -18**

Lab ID#: 21903 // EPA Lab ID: SC01278

System ID Number: 2110001

Waterbath set up date: <u>7/2/14</u>		Waterbath set up time: <u>1314</u>		Waterbath temp. (°C): <u>44.5</u>		Analyst: <u>BE</u>	
Sample (s) transferred to the Incubator (Time): <u>1324</u>		Incubator Temperature (°C): <u>35.0</u>				Analyst: <u>BE</u>	

Sample Information		Biochemical Reactions						Reported Test Results			
Sample ID#	Location	Color Change after 18 hours		Color Change after 22 hours		Fluorescence		Total Coliform		E. Coli	
070214-710A	630 E. Main St.	Y	Ⓝ	Y	N	Y	Ⓝ	P	Ⓜ	P	Ⓜ
070214-710B	768 E. Smith St.	Y	Ⓝ	Y	N	Y	Ⓝ	P	Ⓜ	P	Ⓜ
070214-710C	755 E. Smith St.	Y	Ⓝ	Y	N	Y	Ⓝ	P	Ⓜ	P	Ⓜ
		Y	N	Y	N	Y	N	P	A	P	A
		Y	N	Y	N	Y	N	P	A	P	A
		Y	N	Y	N	Y	N	P	A	P	A
		Y	N	Y	N	Y	N	P	A	P	A
		Y	N	Y	N	Y	N	P	A	P	A

Container Lot #: AK026 // Exp. Date: 17 Jan 2017

MMO-MUG Lot#: EJ522B // Exp: 31 Aug 2014

P=Present      A=Absent

Waterbath Thermometer SN: 6843

\* Sample Volume is 100 mL unless different volume is specified

\* Idexx bottle preserved w/ sodium thiosulfate

\* Incubator temperature range: 35.0 °C ± 0.5 °C

\* Waterbath temperature range: 35 °C - 44.5 °C

Test results recorded by: John Clark

Date / Time : 7-3-14      720

Incubator Temp (°C): 35.4



## BOIL WATER REPEAL

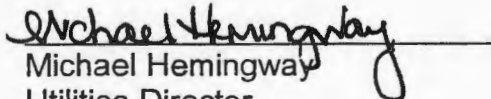
City of Florence

July 3, 2014

The City of Florence precautionary boil water advisory for the customers in the 700 Block of E. Smith Street and 600 & 700 Block of E. Main Street has been lifted. Lab results for water samples taken by the City in this area indicate the water is safe to use for drinking and cooking purposes.

Following intense flushing of the distribution system, bacteriological samples were collected and analyzed. On Thursday, July 03, 2014 at 7:30 a.m., the City of Florence lifted the boil water advisory for it's customers after tests confirmed the water was safe to drink.

If you should have any questions concerning this repeal of the Boil Water Advisory, you may call the City of Florence at (843) 665-3236 or South Carolina Department of Health and Environmental Control (SCDHEC) at (843) 661-4825.

  
Michael Hemingway  
Utilities Director  
City of Florence

## BOIL WATER ADVISORY

### City of Florence

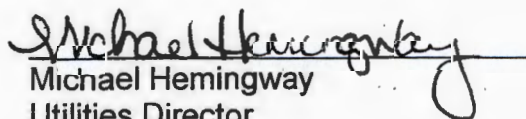
The City of Florence and South Carolina Department of Health and Environmental Control advise water system customers at the 100 N. Hill Road, 300 and 400 blocks of W. Market Street and 324 W. Main Street are to boil their tap water vigorously for one minute prior to using it for drinking or cooking.

The water main will be shut off Tuesday, August 26<sup>th</sup>, 2014 to replace a fire hydrant on which will result in the disruption of service to 15 customers within this area. The City is currently working diligently to restore water service throughout this service area.

There has been no confirmed contamination of the system. However, because of the loss of pressure a slight potential for bacteriological contamination exists. Therefore, as a precautionary measure the South Carolina Department of Health and Environmental Control (SCDHEC) requires The City of Florence to issue this advisory when an event occurs that allows the possibility for bacteria to enter the water system. Water customers in this area should continue to vigorously boil their water for at least one full minute prior to drinking or cooking until otherwise notified by the City of Florence. Also, any ice made from water that has not been boiled should not be used for drinking purposes.

This boil water advisory is a precautionary measure to protect public health until test results confirm the water is safe to drink. Because the water quality is unknown at this time customers are urged to take appropriate precautions. Test results for bacteriological quality should be completed by Wednesday, August 27<sup>th</sup>, 2014, at which time the City will notify customers regarding the status of the boil water advisory.

If you should have any questions concerning this notice, you may call the City of Florence at (843) 665-3236 or SCDHEC (843) 661-4825.

  
Michael Hemingway  
Utilities Director  
City of Florence

## *City of Florence*

### **FAX TRANSMITTAL COVERAGE PAGE**

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**DATE:** August 25, 2014

**TO:** SCDHEC (Paula Brown)

**FROM:** Terry Joyner

**FAX:** (843) 661-4858

**NUMBER OF PAGES INCLUDING COVER:** 2

**MESSAGE/COMMENTS:**

**Boil Water Advisory**

In the Town of Timmonsville – replacing a fire hydrant at 319 W. Market Street. We have found another valve that will hold and we can now cut the water off to replace the fire hydrant. We will begin the work tomorrow, August 26, 2014.



TRANSMISSION VERIFICATION REPORT

TIME : 08/25/2014 14:16  
NAME :  
FAX : 8436653110  
TEL :  
SER. # : 000C2N317452

DATE, TIME	08/25 14:16
FAX NO./NAME	96614858
DURATION	00:00:37
PAGE(S)	02
RESULT	OK
MODE	STANDARD ECM

## **BOIL WATER REPEAL**

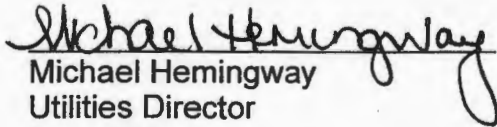
**City of Florence**

**August 27, 2014**

The City of Florence precautionary boil water advisory for the customers at 100 N. Hill Road, 300 and 400 blocks of W Market Street, and 324 W. Main Street has been lifted. Lab results for water samples taken by the City in this area indicate the water is safe to use for drinking and cooking purposes.

Following intense flushing of the distribution system, bacteriological samples were collected and analyzed. On Wednesday August 27, 2014 at 1:00 p.m., the City of Florence lifted the boil water advisory for it's customers after tests confirmed the water was safe to drink.

If you should have any questions concerning this repeal of the Boil Advisory, you may call the City of Florence at (843) 665-3236 or South Carolina Department of Health and Environmental Control (SCDHEC) at (843) 661-4825.

  
Michael Hemingway  
Utilities Director  
City of Florence

## *City of Florence*

### **FAX TRANSMITTAL COVERAGE PAGE**

---

**DATE:** August 27, 2014

**TO:** SCDHEC (Paula Brown)

**FROM:** Terry Joyner

**FAX:** (843) 661-4858

**NUMBER OF PAGES INCLUDING COVER:** 2

**MESSAGE/COMMENTS:**

**Boil Water Repeal**

In the Town of Timmonsville – replacing a fire hydrant at 319 W. Market Street. We have successfully replaced the fire hydrant. The water samples taken yesterday have come back good. Any questions give me a call.



TRANSMISSION VERIFICATION REPORT

TIME : 08/27/2014 14:02  
NAME :  
FAX : 8436653110  
TEL :  
SER.# : 000C2N317452

DATE, TIME  
FAX NO./NAME  
DURATION  
PAGE(S)  
RESULT  
MODE

08/27 14:02  
96614858  
00:00:30  
02  
OK  
STANDARD  
ECM

## **Section 6**

The following is a listing of the work performed at the WWTP from May 27, 2014 through August 26, 2014:

### **WORK PERFORMED**

- Performed daily checks and documented daily operation and maintenance work
- Continued monitoring and reporting procedures
- General house keeping of the site and office building
- Trouble shooting electrical controls/power to control valves
- Purchased new 4x4 John Deere tractor for sand filter bed maintenance
- Continued dewatering offline lagoon
- Disc and plow sand filters

Progress on the Whole Effluent Toxicity (WET) is based on the action of the completion and replacement repair of the five sand filters as stated in paragraph 59, subparagraph a. Testing is to begin after the first full month after the Certification of completion of repair and rehabilitation of the WWTP Sand Filters.

The sand filters will be placed out for competitive bidding with bids being received May 16, 2014. Bids were reviewed by SRF and CDM Smith and awarded to MB Kahn Construction Company on June 10, 2014. Conformed documents and issued NTP to MB Kahn Construction Company on June 2, 2014 and NTP to commence July 9, 2014. CDM Smith held pre-construction kick-off meeting on July 9, 2014 and first monthly progress meeting August 6, 2014. CDM Smith has been reviewing submittals and contractor mobilized and first pay application approved.

Staff is currently utilizing all five sand filter beds as a unit process as to the highest possible level in conjunction with operating the by-pass pump. The sand filter beds are operational but not to a level sufficient enough to handle the entire daily flow of the WWTP. Staff will continue to work the sand filter in all efforts to continue to improve operational efficiency until all five sand filters are replaced as are presently being designed.

## **Section 7**

The following is a listing of work performed within the Water Production process from May 27, 2014 through August 26, 2014:

### **WORK PERFORMED**

- Maintained a regular backwash schedule for the 403 Water Plant filters
- Flowed twenty-eight (28) hydrants for distribution system water quality



## **Section 8**

The Utility Finance Division within the City of Florence is responsible for reading of water meters within the water distribution system and for collection of all revenues generated by the utility. The following is a listing of the work performed by the City's Utility Finance Division from May 27, 2014 through August 26, 2014:

### **WORK PERFORMED**

- Recorded the volume of water supplied by the City's water production system thru the meter connection on Honda Way and Hwy 403 (at the Budget Inn Hotel) – 3,578,100 gallons
- Total number of water meters read for the August billing cycle – 1,030
- Total number of water meters mapped for replacement with GIS unit – 1,100
- Total number of water meters changed out – 5
- Total number of new water meters installed or accounts opened – 5
- Total number of water meters or accounts closed – 32
- Total number of waters yet to be identified and located – 2
- Total water billing collected for May – August 2014 - \$120,543.80
- Total sewer billing collected for May – August 2014 - \$138,947.76
- Total gallons billed for May – August 2014 – 128,558

## **Section 9**

City Staff and our engineering team of CDM Smith and URS are currently working to finalize and complete our SRF borrowings in preparation to begin draw in the fourth quarter. It has been determined that there will be two loans SRF Clean Water Projects and one loan for SRF Drinking Water. The projected financing schedules follow which also includes the funding from Rural Development, South Carolina Economic Development and Community Development Block Grant.

## **Section 10**

The projected Work Plan for the fourth quarter of the CD includes the following:

- Continue construction of the WWTP sand filter media beds by MB Kahn
- Begin construction of, the 15" sewer project on South Hill Street and West James Street
- Begin construction of, the Kingpin and Industrial Park sanitary sewer lift station renovations
- Initiate water model of the distribution system
- Continue to work on WWTP headworks analysis
- Continue construction of Highway 76 Phase I interconnection
- Begin construction of Highway 76 Phase II interconnection
- Award project and begin construction of Highway 76 Phase III - booster pump station
- Award project and begin installation of replacement water meters in the distribution system
- Highway 403 water plant rehabilitation plans and specifications are being reviewed by Pee Dee Regional Council of Governments for bid approval
- Begin design of SCADA communications system for water plant, elevated tanks and booster pump stations



**Timmons ville Water Improvements**  
**Funding Schedule for SRF Drinking Water Loan**

Consent Decree Effective Date			26-Nov-13								Updated:		September 21, 2014		
Conveyance Date			9-Jan-14												
Activities		Schedule			2nd Quarter 2014		Project Costs			Estimated Useful Life	Funding Source				
Timmons ville Water System Improvements	Start Date	End Date	SC DHEC Approval	Current Status	Engineering	Construction	Total Project Costs	CDBG	EDA		SRF		RD	Total Funding	
											APF	Loan			
Preliminary Engineering and Planning															
1	Planning / Coordination	Jan-13	Jan-16	Jun-15	Drinking Water SRF Loan application to be submitted for FY 2015 (June 2015)	\$125,000		\$125,000				\$125,000			
	Corrective Action Plan	Nov-13	May-14	May-14	Completed	\$15,840		\$15,840				\$15,840		\$168,700	
	Hydraulic Water Model	Jul-14	Oct-14	Oct-14	Work Order submitted June 2014; waiting on authorization; 3 months to complete	\$27,860		\$27,860				\$27,860			
Construction Projects															
2	Honda Booster Pump Station Phase 1 - Distribution Connection to Tank Site	Sep-13	Oct-13	Oct-13	Completed		\$58,250	\$75,540	30			\$75,540		\$75,540	
	Honda Booster Pump Station Phase 2 - Prepurchase Booster Pump Station Equipment	Feb-14	May-14	Dec-13	Completed	\$55,125	\$177,385	\$177,385	20		\$177,385			\$177,385	
	Honda Booster Pump Station Phase 3 - Installation of Booster Pump Station	Feb-14	May-14	Feb-14	Completed		\$127,465	\$165,300	20		\$165,300			\$165,300	
3	Highway 76 Interconnection Phase 1	May-14	Oct-14	May-14	Construction started June 2014, completion estimated in Oct 2014;	\$31,450	\$345,990	\$377,440	30		\$261,409	\$118,031		\$377,440	
4	Highway 76 Interconnection Phase 2	May-14	Nov-14	May-14	Award in Aug 2014 to Southern Fibers; Initiate construction in Sept 2014; completion in Jan 2015	\$39,080	\$185,628	\$224,708	30	\$185,628		\$39,080		\$224,708	
5	Highway 76 Booster Pump Station Phase 1 - Prepurchase Booster Pump Station Equipment	Jun-14	Sep-14	Jan-14	PO issued, shop drawings reviewed, equipment being manufactured; scheduled for delivery in Sept 2014.		\$177,385	\$177,385	20		\$177,385			\$177,385	
	Highway 76 Booster Pump Station Phase 2 - Installation of Booster Pump Station	Jun-14	Nov-14	May-14	Project Awarded to North American; Initiate construction in Sept 2014; completion in Jan 2015	\$55,740	\$169,115	\$224,855	20		\$224,855			\$224,855	
6	Meter Replacement	Apr-14	Dec-14	Jul-14	Field work complete, plans to be completed in Sept 2014; bids in Oct 2014; initiate installation in Nov 2014; installation completed Jan 2015	\$56,210	\$815,000	\$871,210	20		\$871,210			\$871,210	
7	Distribution Water Main Replacement	Apr-14	Jan-16	Oct-14	Pending completion of water model and City investigation of distribution system	\$72,000	\$480,000	\$552,000	30			\$252,000	\$300,000	\$552,000	
8	403 Water Treatment Plant Rehabilitation	Sep-14	Mar-15	Aug-14	Design / permitting completed; Approved for bid by CDBG in Sept 2014; start construction in Nov 2014; complete construction May 2015	\$71,395	\$590,000	\$661,395	20	\$606,376	\$25,290	\$29,729		\$661,395	
9	403 Water Treatment Plant Well	Sep-14	May-15	Oct-14	Waiting on RD approval of grant funds for well construction	\$75,000	\$500,000	\$575,000	20			\$75,000	\$500,000	\$575,000	
10	Honda Way Elevated Tank	Oct-15	Jan-16	Jun-15	Inspections completed; report submitted in April 2014; construction initiated in Oct 2015	\$30,000	\$246,400	\$276,400	30			\$276,400		\$276,400	
	Highway 403 Elevated Tank	Oct-15	Jan-16	Jun-15	Inspections completed; report submitted in April 2014; construction initiated in Oct 2015	\$25,000	\$181,500	\$206,500	30			\$206,500		\$206,500	
	Church Elevated Tank	Oct-15	Jan-16	Jun-15	Inspections completed; report submitted in April 2014; construction initiated in Oct 2015	\$30,000	\$317,350	\$347,350	30			\$347,350		\$347,350	
11	SCADA at Elevated Tanks, WTP, and BPS	Oct-15	Jan-16	Jun-15	Work Order will be submitted to City in Oct 2014, initial scoping meeting with City in Oct 2014;	\$13,500	\$90,000	\$103,500	20		\$103,500			\$103,500	

Totals	\$723,200	\$4,461,468	\$5,184,668	\$792,004	\$1,006,334	\$1,000,000	\$1,586,330	\$800,000	\$5,184,668
Available Funding from Source				\$792,004	\$1,006,334	\$1,000,000		\$800,000	\$3,598,338
Difference				\$0	\$0	\$0		\$0	\$1,586,330



LOAN 2 - FY 15			Before July 31, 2015							
Headworks Analysis	May-14	Oct-14	Oct-14	work order approved in May 2014; anticipated completion by Jan 2015	\$20,000				\$20,000	\$20,000
WWTP Primary Lagoon Solids Disposal	Apr-14	Dec-16	Feb-15			\$450,000	30		\$450,000	\$450,000
WWTP Floating Aerators	Apr-14	Dec-16	Feb-15			\$325,000	20		\$325,000	\$325,000
WWTP Filter Operation Automation and SCADA Improvements	Apr-14	Dec-16	Feb-15			\$60,000	20		\$60,000	\$60,000
Rehab/upgrade of existing Timmonsville WWTP headworks	Apr-14	Dec-16	Feb-15		\$412,000	\$66,300	\$430,000	30	\$430,000	\$430,000
WWTP Primary and Aerated Lagoon Liner Replacement	Apr-14	Dec-16	Feb-15			\$1,130,000	30		\$1,130,000	\$1,130,000
Rebuild WWTP Influent Pumps	Apr-14	Dec-16	Feb-15			\$140,000	20		\$140,000	\$140,000
Collection System Rehabilitation	May-14	Oct-16	Jul-15			\$1,355,000	30		\$1,355,000	\$1,355,000
SSES	May-14	Oct-16	Jul-15		\$300,000		30		\$300,000	\$300,000
10% Construction Contingency						\$389,000			\$389,000	\$389,000
RPR	Jun-14	Dec-16	Feb-15			\$180,000			\$246,300	\$246,300
~15% Engineering (Basic Services)									\$412,000	\$412,000
Legal Fees					\$100,000				\$100,000	\$100,000
Totals					\$832,000	\$246,300	\$4,279,000		\$0	\$5,357,300
Funding Source									\$0	
Difference									\$0	
TOTAL									APF	\$0
									Loan	\$7,149,705
									Total	\$7,149,705

## **Section 11**

Design/construction work proposed to be completed in the fourth quarter.

- Submit MPS-PLE
- Meter replacement plans and specifications
- Highway 403 WTP rehabilitation design and advertise for bids
- Survey of the wastewater treatment site and influent pump station and design of the influent pump station